

Grantee Directory 2022-2023

Office for the Advancement of Telehealth (OAT)

TABLE OF CONTENTS

Introduction	5
Grantee Profiles	7
Evidence-Based Telehealth Network Program (EB TNP)	8
Baptist Health Foundation Corbin	9
Ben Archer Health Center	12
Cornerstone Whole Healthcare Organization Inc.	15
Drake University	18
East Carolina University	21
HealthIE Georgia Corporation	24
Lester E. Cox Medical Center	27
MaineHealth	30
Texas A&M University System	35
University of Kansas Medical Center	38
University of Mississippi Medical Center	41
Telehealth Technology-Enabled Learning Program (TTELP)	44
American Academy of Pediatrics	45
Community Health Center Inc.	47
JSI Research & Training Institute Inc.	50
Medical Care Development Inc.	53
Oregon Health and Science University	56
President and Fellows of Harvard College	59
Puerto Rico Science, Technology, & Research Trust	61
University of Kansas Medical Center Research Institute, Inc.	69
University of New Mexico	71
Telehealth Network Grant Program (TNGP)	74
Allegheny Singer Research Institute (Allegheny Health Network)	75
ARcare	78
Garnet Health Medical Center – Catskills	81
CommonSpirit Health	84

East Carolina University	87
Emory University	90
Geisinger Health	94
Gundersen Lutheran Medical Foundation, Inc.	96
The Hospital Cooperative	99
Indiana Rural Health Association	102
Indiana University Health	104
Intermountain Health Care, Inc.	107
MaineHealth	110
Marshfield Clinic Health System	113
Maury Regional Hospital	115
Penobscot Community Health Center, Inc.	118
Pikeville Medical Center, Inc.	121
Sanford Health	124
St. Peter's Health Foundation	128
Teton County Hospital District	131
The Queen's Medical Center	134
Trustees of Indiana University	137
University of Maryland, Baltimore	140
University of Mississippi Medical Center	143
University of Missouri System	147
University of New Mexico	150
The University of Vermont	153
Wake Forest University Health Sciences	156
Weiser Memorial Hospital Foundation	159
West Virginia University	162
Telehealth Resource Center Program (TRC)	165
Alaska Native Tribal Health Consortium (ANTHC)	166
California Telehealth Network	169
Georgia Partnership for Telehealth	172
Indiana Rural Health Association	175

Medical Care Development, Inc. _____	178
Public Health Institute _____	181
Rector & Visitors of the University of Virginia _____	183
Regents of the University of Minnesota _____	186
Texas Tech University Health Sciences Center _____	189
University of Arizona _____	191
University of Arkansas for Medical Sciences (UAMS) _____	194
University of Hawaii Systems _____	197
University of Kansas Medical Center Research Institute _____	200
University of Utah _____	203
Telehealth Centers of Excellence (COE) _____	206
Medical University of South Carolina _____	207
University of Mississippi Medical Center _____	208
Licensure Portability Grant Program (LPGP) _____	209
Association of State and Provincial Psychology Boards _____	210
Federation of State Medical Boards of the United States, Inc. _____	212
Telehealth Focused Rural Health Research Center Program (TF RHRC) _____	214
University of Arkansas for Medical Sciences _____	215
University of Iowa _____	216
Telehealth Broadband Pilot (TBP) _____	217
Alaska Native Tribal Health Consortium (ANTHC) _____	218
University of Arkansas for Medical Sciences (UAMS) _____	220
Appendix _____	221
Grantees by State _____	222
Grantees by Organization Name _____	225
Grantees by Program _____	228

INTRODUCTION

The Office for the Advancement of Telehealth (OAT) promotes the use of telehealth technologies for health care delivery, education, and health information services. Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. OAT is located within the Health Resources and Services Administration (HRSA) at the U.S. Department of Health and Human Services (HHS). HRSA's mission is to assure quality health care for underserved vulnerable, and special needs populations.

This directory contains information on eight OAT-administered grant programs for Funding Year 2023 (October 1, 2022 through September 30, 2023). Included in this directory are 72 grant-funded initiatives across these eight OAT programs, represented by a total of 60 different organizations. The following is a brief description of each of the OAT programs included in this document:

1. **Evidence-Based Telehealth Network Program (EB TNP):** The two-fold purpose of the EB TNP program is (1) to demonstrate how health networks can increase access to health care services utilizing telehealth technologies and (2) to conduct evaluations of those efforts to establish an evidence base for assessing the effectiveness of telehealth care for patients, providers, and payers. The current 2021 EB TNP cohort focuses on direct-to-consumer telehealth. Organizations funded under this program will use direct-to-consumer telehealth to address three clinical areas: primary care, behavioral health care, and acute care.
2. **Telehealth Technology-Enabled Learning Program (TTELP):** The TTELP program connects specialists at academic medical centers with primary care providers in rural and underserved areas. It provides evidence-based training and support to providers to help treat patients with complex conditions. The TTELP creates and teaches models of professional education that can be adapted for diverse populations.
3. **Telehealth Network Grant Program (TNGP):** The TNGP is a competitive grant program that funds projects that demonstrate the use of telehealth networks to improve healthcare services for medically underserved populations in rural and frontier communities. More specifically, the networks can be used to: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, patients, and their families. The primary objective of the TNGPs is to help communities build the human, technical, and financial capacity to develop sustainable telehealth programs and networks.

The current TNGP promotes the utilization of rural Tele-emergency services by enhancing telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists.

4. **Telehealth Resource Center Program (TRC):** The TRC program is funded through a cooperative agreement. The purpose of the Regional Telehealth Resource Centers is to provide expert and customized telehealth technical assistance across the country, while at the same time working together to make available a wide range of expertise that might not be available in any one region. The purpose of the National Telehealth Resource Centers, one focused on policy and the other technology, is to support the delivery of telehealth technical assistance by the Regional Telehealth Resource Center Program.

Both the regional and national resource centers support the development and expansion of telehealth through:

- Providing technical assistance, training, and support for health care providers and entities
- Disseminating information, best practices, and research findings related to telehealth.
- Promoting effective collaboration among telehealth resource centers and OAT
- Conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs.
- Promoting the integration of technologies used in clinical information systems with other telehealth technologies.

- Fostering the use of telehealth technologies for health care providers or consumers to increase information, education access, timeliness, cost effectiveness or quality related to health care service delivery.
- Implementing special projects or studies under the direction of the OAT

5. **Telehealth Center of Excellence (COE):** The COE program is funded through a cooperative agreement. The Telehealth Centers of Excellence primary purpose is to examine the efficacy of telehealth services in rural and urban areas. Telehealth Centers of Excellence are located in public academic medical centers that have a successful telehealth program with a high annual volume of telehealth visits; an established reimbursement structure that allows telehealth to be financially self-sustaining; and established programs that provide telehealth services in medically underserved areas with chronic diseases prevalence and high poverty rates. The Telehealth Centers of Excellence serve as a national clearinghouse for telehealth research and resources, including technical assistance.

6. **Licensure Portability Grant Program (LPGP):** This program is funded through a grant that provides support for state professional licensing boards to carry out programs under which licensing boards of various states cooperate to develop and implement policies that will reduce statutory and regulatory barriers to telemedicine.

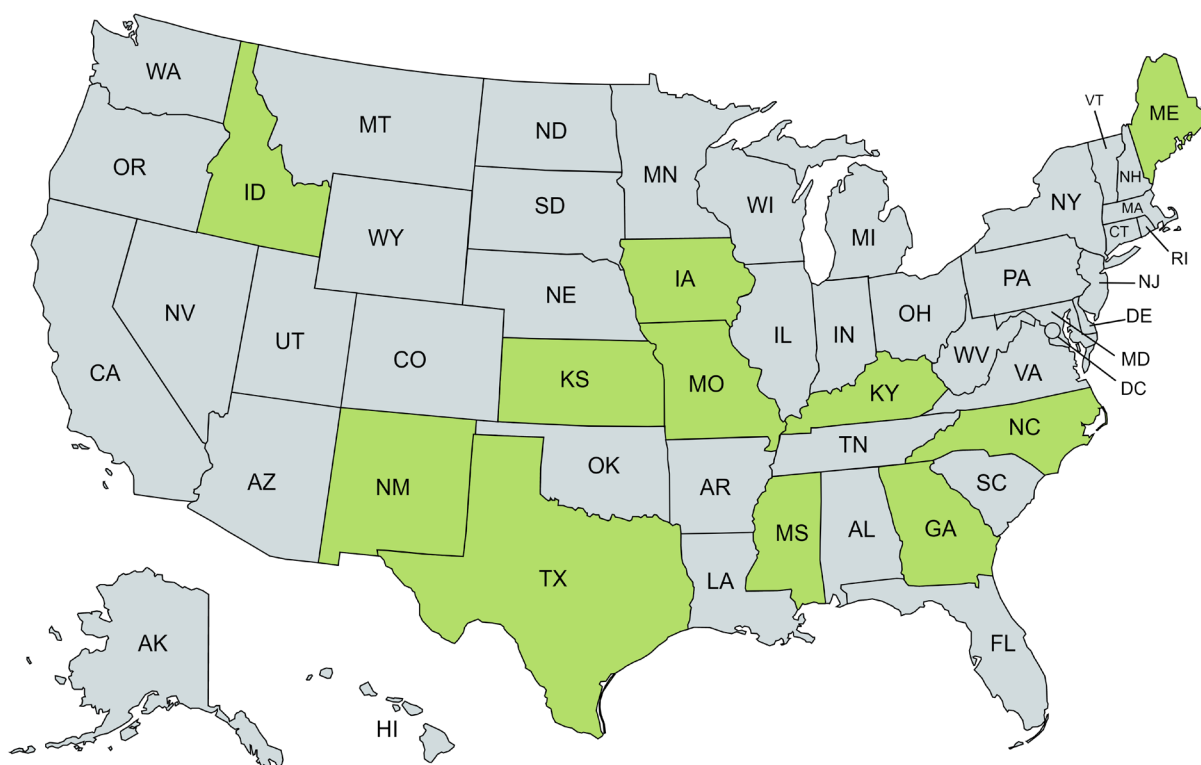
7. **Telehealth-Focused Rural Health Research Centers (TF RHRC):** The Telehealth-Focused Rural Health Research Center program is funded through a cooperative agreement. The purpose of this program is to increase the amount of high-quality, impartial, policy-relevant research available to assist health care providers and decision-makers at federal, state and local levels. The goal of the RTRC program is to help these key stakeholders better understand the challenges faced by rural communities and provide information that will inform policies designed to improve access to health care and population health.

8. **Telehealth Broadband Pilot Program (TBP):** The TBP program is a three-year pilot program that aims to improve access to healthcare and telehealth. The program examines broadband capacity in four state communities: Alaska, Michigan, Texas, and West Virginia. The TBP Program links communities to existing funding to address identified gaps in broadband. An evaluation will be done on the TBP Program to determine program outcomes and effectiveness.

The TBP Program is the result of a joint effort between the Federal Communications Commission (FCC), HHS, and U.S. Department of Agriculture (USDA). This created the Rural Telehealth Initiative that works to expand broadband and increase telehealth access.

GRANTEE PROFILES

Evidence-Based Telehealth Network Program (EB TNP)



Kentucky

Baptist Health Foundation Corbin

Grant Number:	G01RH42532				
Project Funding Period:	September 2021–August 2026				
Organization Type:	Hospital				
Grantee Organization Information:	Name:	Baptist Health Foundation Corbin Inc.			
	Address:	1 Trillium Way			
	City:	Corbin	State:	Kentucky	Zip code: 40701
	Tel #:	606-528-1212			
	Website:	www.baptisthealth.com/corbin			
Primary Contact Information:	Name:	Shannon Gray			
	Title:	Project Director			
	Tel #:	606-526-4431			
	Email:	Shannon.gray@bhsi.com			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Step Works Recovery Centers (Paducah)	McCracken	KY	Substance Abuse Providers	O
	Baptist Health Medical Group Primary Care (Benton)	Marshall*	KY	Primary Care	O
	Baptist Health Medical Group Family Medicine (Paducah)	McCracken	KY	Family Medicine	O
	Baptist Health Medical Group Family Medicine (Eddyville)	Lyon	KY	Family Medicine	O
	Baptist Health Medical Group Family Medicine (Princeton)	Caldwell	KY	Family Medicine	O
	Baptist Health Virtual Care Clinic (Corbin)	Whitley	KY	Behavioral Health	D
	Baptist Health Bariatric & General Surgery (Paducah)	McCracken	KY	Bariatric & General Surgery	O
	Baptist Health Medical Group Internal Medicine (Paducah)	McCracken	KY	Internal Medicine	O
	Baptist Health Medical Group Obstetrics & Gynecology (Paducah)	McCracken	KY	Obstetrics & Gynecology	O
	Baptist Health Medical Group Primary Care (Salem)	Washington	IN	Primary Care	O
	Baptist Health Medical Group Family Medicine (Calvert City)	Marshall*	KY	Family Medicine	O
	Baptist Health Medical Group Primary Care (Village Square)	McCracken	KY	Primary Care	O
	Baptist Health Medical Group Primary Care (Strawberry Hill)	McCracken	KY	Primary Care	O

Target population(s) served:	Population	Yes	Population	Yes
	Adults	<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>
	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>
	Infants	<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>
	School-age children (elementary)	<input checked="" type="checkbox"/>	Uninsured	<input type="checkbox"/>
	School-age children (teens)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Native Americans	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input checked="" type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input checked="" type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s):	Epic	MyChart		
	Zoom			

Project Description:

Baptist Health has provided telehealth services since 2016. This program allows for the expansion of a tele-behavioral health network by increasing staff capacity, expanding the services provided, and increasing the number of patient sites. The program will allow expansion of services to the rural counties of Marshall, Caldwell, Lyon, and McCracken and Washington, IN. The focus is to integrate behavioral health into the four primary care sites to support a model of integrated care to improve health outcomes and care coordination. Program staff will be hiring a full-time equivalent (FTE) psychiatric advanced practice registered nurse and an FTE licensed clinical social worker.

Expected Outcomes:

The primary anticipated outcomes of this program are to expand access to behavioral and addiction services, provide services at five patient sites, and improve patient outcomes related to mental health and substance abuse services. Sixty-five percent of patients will demonstrate improvement in clinical measures and substance use disorder screening tools and inform the evidence base around tele-behavioral health. Additionally, it is expected that the program will increase access to 4,000 patients via telehealth, add two mental health providers, and sustain services beyond the project period.

Year	PC Benton	Family Paducah	Family Eddyville	Family Princeton	Surgery Paducah	Internal Paducah	OB Paducah	PC Salem	Family Calvert City	PC Village Square	PC Strawberry Hill
Year 1	0	0	0	0	0	0	0	0	0	0	0
Year 2	62	151	0	0	10	70	5	15	60	0	0
Year 3	124	302	40	40	30	140	20	35	130	50	50
Year 4	248	604	100	100	60	300	40	60	300	100	100
Year 5	744	956	200	200	120	500	80	150	500	300	250

Evidence Based/Promising Practice Model(s):

When the program first began providing telehealth services, it was modeled after the Baptist Health Outpatient Program that was established in 1985. Program staff will use the same model and evidence-based practices that have been utilized by the outpatient team for decades. They will use the Advancing Research and Clinical Practice Close Collaboration (ARCC) model, which allows them to implement evidence into practice. They will use cognitive behavioral therapy, trauma-focused cognitive behavioral therapy, and dialectical behavioral therapy to produce significant, positive health and behavioral outcomes.

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New Mexico

Ben Archer Health Center

Grant Number:	G01RH42533				
Project Funding Period:	September 2021-August 2026				
Organization Type:	Federally Qualified Health Center (FQHC)				
Grantee Organization Information:	Name:	Ben Archer Health Center			
	Address:	PO Box 370			
	City:	Hatch	State:	New Mexico	Zip code: 87937
	Tel #:	575-267-3280			
	Website:	www.bahcnm.org			
Primary Contact Information:	Name:	Frances Scappaticci			
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Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Columbus Ben Archer Health Center	Luna*	NM	FQHC	O
	Deming Ben Archer Health Center	Luna*	NM	FQHC	O
	Hatch Ben Archer Health Center	Dona Ana*	NM	FQHC	O
Target population(s) served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured	
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:	
	Native Americans		<input checked="" type="checkbox"/>	Other:	
	Pacific Islanders		<input type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input type="checkbox"/>	Provider/Workforce Development	
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care	
	Opioid/Substance Use Disorder		<input type="checkbox"/>	Maternal/Women's Health	
	Telehealth Network/Infrastructure Development		<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	
	Tele-Home Care/Remote Patient Monitoring		<input type="checkbox"/>	Patient Engagement	
	Children's Health		<input type="checkbox"/>	Other:	
	Health Education and Promotion		<input checked="" type="checkbox"/>	Other:	

	Chronic Disease Management	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s):	Greenway Intergy EHR v. 12.30.00.03	Zoom		
	Practice Analytics Data platform	AMD Global Telemedicine - Telehealth carts, Medical devices		
	Collective Medical - Healthcare Collaboration Software			

Project Description:

Ben Archer Health Center (BAHC) will implement the Access to Care and Education (ACE) Project, which will provide direct-to-consumer (DTC) telehealth services to the rural population in the originating service site area and will expand the delivery of primary care, acute care, and behavioral health care services utilizing DTC telehealth with patients within BAHC's established telehealth network. The ACE Project will address chronic care management as a secondary focus area. The ACE Project will demonstrate an increase in access to health care services attributed to using telehealth technologies. The ACE Project will contribute to the evidence base by assessing the effectiveness of direct-to-patient telehealth care for patients, providers, and payers. The objective of the ACE Project is to demonstrate how providers can use DTC telehealth services in a way that enhances the existing health care infrastructure.

The ACE Project will address barriers to care by providing DTC telehealth, including behavioral health services to the underserved, uninsured, and geographically isolated residents within the service area. Within BAHC's network of clinics there are a variety of health experts (such as a psychiatrist, child psychiatrist, and a pediatrician) that are primarily located in the Dona Ana Ben Archer Health Center site. Telehealth will allow providers to share expertise and provide critical services to rural residents. The Ben Archer Health Center received financial assistance to purchase necessary telehealth equipment that will allow for the provision of telehealth services. The benefit of the ACE Project to rural residents will include decreased time and cost for transportation, reduced wait times, less exposure to communicable diseases (i.e., COVID-19), increased access to behavioral health services via telehealth, improved access to care, and the potential to save lives through prompt care by providing same-day access to services during an emergency.

Expected Outcomes:

The Ben Archer Health Center will serve populations in rural communities, specifically those with a lack of readily available telehealth resources. This includes migratory and seasonal agricultural workers and their families. The target population for the ACE Project is the rural population of Luna County and the Village of Hatch and surrounding communities (Northern Doña Ana County), New Mexico. The target population is located on the U.S.-Mexico border and is rural and a predominantly low-income, minority population. The provision of care will include telehealth services for primary care, behavioral health, chronic care management, health promotion, and patient education.

The ACE Project will increase the number of patient encounters each year that will provide significant data on the potential impact to access to care for very remote and rural communities. As indicated in the following table, the project plans to reach 1,000 unduplicated patients during the first year, and by Year 5 to provide access to 3,000 unduplicated patients. The table below indicates the number of unique patients who will receive DTC services at distant site/originating service sites. All these services can be provided in English and Spanish to eliminate barriers for migratory and agricultural workers with limited English proficiency.

Estimated Number of Unique Patients Receiving DTC Services per year				
Year	Deming Site	Columbus Site	Hatch Site	Total
Year 1	530	80	390	1,000
Year 2	795	120	585	1,500
Year 3	1,070	150	780	2,000
Year 4	1,330	195	975	2,500
Year 5	1,600	230	1,170	3,000

Evidence Based/Promising Practice Model(s):

The ACE Project staff will use a team-based approach for service coordination and systems integration at each site. Collaboration with other health care providers within the project areas will provide additional access to specialty care through integrated telehealth services. BAHC has formal referral arrangements with other health care and social service providers in the area, including hospitals, specialists, and behavioral health programs. Business agreements are also in place to share relevant information with these providers and agencies. BAHC is very respectful when using outside agency facilities and maintains appropriate communications with agencies when utilizing them. Arrangements are always made in a timely manner in an effort not to disrupt any planned meetings or events.

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	Tel #:	229-686-4627				
	Email:	swilliams@hrsa.gov				
	City:	Atlanta	State:	Georgia	Zip code:	30303

Idaho

Cornerstone Whole Healthcare Organization Inc.

Grant Number:	G01RH42534				
Project Funding Period:	September 2021–August 2026				
Organization Type:	Rural Non-Profit 501(c)(3)				
Grantee Organization Information:	Name:	Cornerstone Whole Healthcare Organization Inc.			
	Address:	11485 Payette Heights Road, Unit 1			
	City:	Payette	State:	Idaho	Zip code: 83661
	Tel #:	208-899-9012			
	Website:	www.C-WHO.org			
Primary Contact Information:	Name:	Denise Jensen			
	Title:	CAO and Project Director			
	Tel #:	208-941-7796			
	email	Denisej@c-who.org			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Shoshone Family Medical Care	Lincoln*	ID	Rural Health Clinic	D
	Bingham Memorial Hospital	Bingham*	ID	Critical Access Hospital	D
	All Seasons Mental Health	Elmore*	ID	Mental Health Provider	D
	Keys Counseling Solutions	Ada*	ID	Mental Health Provider	D
	Gooding Pharmacy	Gooding*	ID	Pharmacy, Other	D
Target population(s) served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured	
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:	
	Native Americans		<input type="checkbox"/>	Other:	
	Pacific Islanders		<input type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input type="checkbox"/>	Provider/Workforce Development	
	Care Coordination		<input checked="" type="checkbox"/>	Integrated Systems of Care	
	Opioid/Substance Use Disorder		<input type="checkbox"/>	Maternal/Women's Health	
	Telehealth Network/Infrastructure Development		<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	

	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s):	Verice (EMR)	Telehealth		
	Zoom HIPAA Compliant Secure Telehealth Platform	Video conferencing and audio equipment		
	Tablets	Azure (data platform)		
	Laptops			

Project Description:

The purpose of the Greater Rural Idaho Telehealth Team Expansion (GRITTE) Project is to expand access to critical behavioral health therapy and treatment resources in rural underserved communities across Idaho. The project will address rural primary care sites' and catchment areas' limited access to specialist consultation and care in-house and in-community, while maximizing opportunities for the patients they serve to stay close to home. Specialty behavioral health services have needed to rapidly increase their capacity to deliver services via telehealth in the past 10 years, with an even more pronounced acceleration during the COVID-19 pandemic. Behavioral health providers are extremely well-positioned to deliver care remotely given their limited reliance on physical examination and asynchronous assessment (labs, stress tests, imaging, etc.). At the same time, rapid expansion of behavioral health services in rural communities is critical due to the significant shortages in the rural health care workforce. Due to these shortages, primary care providers often become the de facto mental health system for patients.

The GRITTE Project will expand the use of behavioral health services delivered through telehealth in rural Idaho communities. The project seeks to link integrated and specialty behavioral health providers to primary care patients through the Telehealth Idaho Independent Provider Integration Network (TIIPIN). This network will assist rural communities in reducing barriers to integrated and specialty behavioral health care such as geographic isolation, low provider density, and long wait times. Participating clinics will receive telehealth equipment and supplies to facilitate secure and Health Insurance Portability and Accountability Act-compliant telehealth services for any on-site encounters, as well as extensive technical assistance related to encounter management, workflows, billing, and data support. In addition, clinic sites will reduce total wait times for patients referred for outpatient behavioral health treatment. All participating TIIPIN providers will be managed via robust care compact to ensure timely and appropriate communication with primary care providers and to promote collaborative care.

Expected Outcomes:

The goal for the GRITTE Project will be to develop a sustainable direct-to-consumer (DTC) workforce network and tele-behavioral health service delivery model to reduce the barriers to behavioral health in the rural communities of Idaho and provide a model for other communities across the country.

Project Goals:

1. Develop and test a DTC tele-behavioral health service delivery model for rural health care systems.
2. Establish primary care sites as originating and referral sites for traditional behavioral health services and limited integrated behavioral health services via memoranda of understanding with TIIPIN.
3. Perform an extensive capability and needs assessment with each primary care site and assign matching provider, technical assistance, and equipment resources.
4. Identify and establish core performance and evaluation measures among originating sites, distance sites, and other network partners.
5. Promote sustainability and expansion of network best practices by sharing key lessons learned, effective strategies, and beneficial outcomes with key stakeholders.

Projected outcomes include increased access to behavioral health services, increased availability of primary care, increased participation in referred behavioral health treatment by patients, reduced concerns regarding stigma, and improved behavioral health outcomes.

This project will increase the number of patient encounters each year that will provide significant data on the potential impact to access to care for very remote and rural communities. As indicated in the following table, the project plans to reach 225 unduplicated patients in year 2, up to 2,100 unduplicated patients in year 5. The table below indicates the number of unique patients who will receive DTC services at originating sites.

Estimated Number of Unique Patients Receiving DTC Services per year					
Year	Bingham Healthcare	Gooding Pharmacy	Family Health Services	Lifeways, Inc.	Total
Year 1	0	0	0	0	0
Year 2	75	50	50	50	225
Year 3	150	100	100	100	450
Year 4	300	250	250	250	1,050
Year 5	600	500	500	500	2,100

Evidence Based/Promising Practice Model(s):

Large national companies such as BetterHelp and TalkSpace have grown exponentially in the last five years, but some critics have suggested that quality is poorly understood and the focus on profit and expansion might threaten the quality of services (Jain, Lu, and Mehrotra, 2019). However, large meta-analyses have strongly suggested that tele-mental health is an effective alternative to traditional in-person services (Langarizadeh, et al., 2017). The GRITTE Project would substantively add to the evidence base for rural tele-behavioral health services by utilizing an adapted tele-behavioral health evidence-based practice model such as Primary Care Behavioral Health (PCBH), Collaborative Care Model (CoCM) for psychiatric consultation, and specialty mental health and substance use disorder interventions. There is also a significant evidence base suggesting that using primary care to transition patients to behavioral health services results in increased appropriate utilization and follow-up with behavioral health services (Pace, et al., 2018). However, there is no evidence on whether using a telehealth-facilitated, integrated behavioral health transition will increase treatment retention. This is a critical gap, as rural communities face a lack of access to behavioral health services, and telehealth could be a significant solution if utilization is managed optimally as suggested by Langarizadeh et al.'s (2017) review of impact on isolated populations. By managing a broad spectrum of behavioral health conditions, including but not limited to depression, anxiety, mood disorders, post-traumatic stress disorders, eating disorders, etc., the GRITTE Project will utilize evidence-based practice screening tools (PHQ-9, GAD-7, DAST-10, PC-PTSD-5) for depression, anxiety, substance use, and trauma. Additionally the project will collect data on best practices for (1) access to services (number of persons served by race, gender, ethnicity, age, etc.), (2) treatment retention (number of sessions, total length of treatment), (3) perception of care (quality-of-life measures and satisfaction with services delivered) and provider satisfaction (decreased compassion fatigue and burnout), (4) cost-effectiveness (average total cost of care, improvement in chronic disease, travel costs avoided), and (5) utilization of psychiatric beds (decreased rate of utilization per capita, decreased readmission rates). This project will increase the evidence base in these areas as detailed in the evaluation plan.

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Iowa

Drake University

Grant Number:	G01RH42535				
Project Funding Period:	September 2021 – August 2026				
Organization Type:	University				
Grantee Organization Information:	Name:	Drake University			
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Primary Contact Information:	Name:	Dr. Timothy Welty			
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Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Palo Alto County Health System	Palo Alto*	IA	Critical Access Hospital	D
	Hancock County Health System	Hancock*	IA	Critical Access Hospital	D
Target population(s) served:	Population	Yes	Population	Yes	
	Adults	<input checked="" type="checkbox"/>	African Americans	<input type="checkbox"/>	
	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians	<input type="checkbox"/>	
	Infants	<input type="checkbox"/>	Latin-x	<input type="checkbox"/>	
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>	
	School-age children (elementary)	<input type="checkbox"/>	Uninsured	<input type="checkbox"/>	
	School-age children (teens)	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
	Native Americans	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes	
	Tele-Behavioral/Mental Health	<input type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>	
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>	
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>	
	Care Coordination	<input checked="" type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>	
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>	
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input checked="" type="checkbox"/>	
	Tele-Home Care/Remote Patient Monitoring	<input checked="" type="checkbox"/>	Patient Engagement	<input type="checkbox"/>	

	Children's Health	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s):	ThoroughCare	SmartMeter Glucometer		
	BodyTrace Blood Pressure Monitor	Athenahealth EHR		
	BodyTrace Body Weight Scale	MedWise Advisor		

Project Description:

The objective of this project is to evaluate an Evidence-Based Telehealth Network Program (EB TNP) service involving activities designed to improve control of hypertension, diabetes, and weight management, resulting in reduced hospital readmissions. Health marker data are routinely collected by the EB TNP provider using remote patient monitoring; patient interventions; and claims data for Medicare, Medicaid, and dual-eligible beneficiaries. The EB TNP provider reports this existing data to the health system in response to patient referrals from the system. Services also provide team-based comprehensive medication management and telehealth services to improve medication safety and health outcomes. The EB TNP team consists of a health coach, nurse, pharmacist, and primary care provider. All services are provided using telehealth delivery models. First, patients complete a comprehensive health assessment with a health coach. Next, patients who a) are taking greater than 10 medications, b) are taking at least 1 medication that is associated with a high risk of adverse drug events, or c) have a history of a fall and are taking at least 1 medication that is associated with falls receive a medication safety review by a certified pharmacist. Patients who do not meet these criteria will continue to receive remote monitoring and regular contacts with health coaches. For patients who meet the medication threshold, the pharmacist relays recommendations to improve medication safety and avoid hospital readmissions to the primary care provider and EB TNP team. Patients enrolled in the EB TNP service receive monthly follow-up consultations from the health coach as part of their action plan. Subjects will be invited to voluntarily participate in the retrospective analysis of program outcomes upon completion of the grant award.

Expected Outcomes:

The program is scheduled to launch September 2021 and will assess changes in blood pressure, blood glucose, glycosylated hemoglobin, weight, falls, and hospitalizations. The project will also be assessing improvements in medication risk scores and tying this improvement to hospitalization, clinic visits, and emergency department visits.

This Project will increase the number of patient encounters each year that will provide significant data on the potential impact to access to care for very remote and rural communities. As indicated in the following table, the project plans to reach 15 unduplicated patients during the first year, and by Year 5 to provide access to 1,500 unduplicated patients. The table below indicates the number of unique patients who will receive DTC services at distant site/originating service sites.

Estimated Number of Unique Patients Receiving DTC Services per year					
Year	HCHS	PACHS	Mason City	Adair	Total
Year 1	15	0	0	0	15
Year 2	30	15	100	0	145
Year 3	45	30	250	150	475
Year 4	70	50	500	300	920
Year 5	---	---	---	---	---

Evidence Based/Promising Practice Model(s):

The following is a list of studies and research that informed this EB TNP project:

- Chinthammit, C., Armstrong, E., Boesen, K., Martin, R., Taylor, A., & Warholak, T. (2015). Cost-effectiveness of comprehensive medication reviews versus noncomprehensive medication review interventions and subsequent successful medication changes in a Medicare Part D population. *Journal of Managed Care & Specialty Pharmacy*, 21(5), 381-89.
- Bain, K. T., Knowlton, C. H., & Matos, A. (2020, July). Cost avoidance related to a pharmacist-led pharmacogenomics service for the Program of All-inclusive Care for the Elderly. *Pharmacogenomics*, 21(10), 651-661.
- Campbell, P., Bingham, J., Schussel, K., & Leal, S. (2018, April). Evaluation of the Discharge Companion Program: An interprofessional transitions of care program. *Journal of Managed Care & Specialty Pharmacy*, 24, 4-a: S102.
- SanFilippo, S., Michaud, V., Wei, J., Bikmetov, R., Turgeon, J., & Brunetti, L. (2021, August). Classification and Assessment of Medication Risk in the Elderly (CARE): Use of a medication risk score to inform patients' readmission likelihood after hospital discharge. *Journal of Clinical Medicine*, 10, 3947.
- Anand, S., Santillan, Y., Issaath, A., et al. (2020, May 14). Abstract 261: Improving hypertension control among an underserved urban patient population, *Circulation: Cardiovascular Quality and Outcomes*, 13, supplement 1. https://www.ahajournals.org/doi/10.1161/hcq.13.suppl_1.261
- Eysenbach, G. (2020, August 25). Recruiting student health coaches to improve digital blood pressure management: Randomized controlled pilot study. U.S. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7479581/>
- Crittenden, D., Seibenhener, S., & Hamilton, B. (2017, May 1). Health coaching and the management of hypertension. *The Journal for Nurse Practitioners*, 13(5), E237-E239. [https://www.npjournal.org/article/S1555-4155\(17\)30130-7/pdf](https://www.npjournal.org/article/S1555-4155(17)30130-7/pdf)

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North Carolina

East Carolina University

Grant Number:	G01RH42536				
Project Funding Period:	September 2021–August 2026				
Organization Type:	University				
Grantee Organization Information:	Name:	East Carolina University, Brody School of Medicine and School of Dental Medicine			
	Address:	600 Moye Blvd.			
	City:	Greenville	State:	North Carolina	Zip code: 27834
	Tel #:	252-744-1020			
	Website:	https://medicine.ecu.edu			
Primary Contact Information:	Name:	Doyle M Cummings, Pharm.D.			
	Title:	Professor of Rural Medicine, Family Medicine, and Public Health			
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Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Roanoke Chowan Community Health Center-Ahoskie	Hertford*	NC	FQHC	O
	Roanoke Chowan Community Health Center-Woodland	Northampton*	NC	FQHC	O
	Roanoke Chowan Community Health Center-Murfreesboro	Hertford*	NC	FQHC	O
	Roanoke Chowan Community Health Center-Colerain	Bertie*	NC	FQHC	O
	Roanoke Chowan Community Health Center-Creswell	Washington*	NC	FQHC	O
	ECU School of Dental Medicine, Dental Community Service Learning Center-Ahoskie	Hertford*	NC	University Dental Clinic	O
	ECU School of Dental Medicine, Dental Community Service Learning Center-Elizabeth City	Pasquotank*	NC	University Dental Clinic	O
	Duplin County Schools (12)	Duplin*	NC	School	O
	East Carolina University, Brody School of Medicine and School of Dental Medicine	Pitt*	NC	University	D
Target population(s) served:	Population	Yes	Population	Yes	
	Adults	<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>	
	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>	
	Infants	<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>	
	Pre-school children	<input checked="" type="checkbox"/>	Women (incl. Pregnant)	<input checked="" type="checkbox"/>	
	School-age children (elementary)	<input checked="" type="checkbox"/>	Uninsured	<input checked="" type="checkbox"/>	
	School-age children (teens)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	

	Native Americans	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input checked="" type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input checked="" type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input checked="" type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s):	HRS: Health Recovery Solutions	Epic		
Project Description:				
<p>The present project will further expand telehealth directly into the homes of patients seen in rural practices, in partnership with local federally qualified health centers (FQHCs), school-based health programs, and dental practices in rural Beaufort, Bertie, Duplin, Hertford, Martin, Northampton, and Pasquotank counties in eastern North Carolina, creating a unique opportunity to improve access for an underserved and impoverished population. All are medical, dental, and mental health professions shortage areas (HPSAs). The overall goal is to expand the regional telehealth network and to measure the impact of a unique direct-to-consumer (DTC) home-delivered telehealth intervention strategy that leverages the strengths of a poised and ready local care delivery system. This already includes two progressive FQHCs, a 49-bed rural hospital, a school telehealth program serving 12 school locations and 10,000 students, two rural dental centers, as well as our academic health system, which is exploring at-home hospital care for selected diagnoses. This model will expand the evidence base regarding the role of interprofessional team-based DTC home-delivered tele-health care, including medical, dental, behavioral, nutritional, and pharmacy care and counseling. This will include not only acute and chronic medical care, but also dental and oral evaluation and referral, nutritional counseling, medication reconciliation, and behavioral therapy, delivered virtually. Local providers will not be supplanted but rather engaged by extending the reach and care coordination capacity of rural practice settings for their local patients. Also leveraged will be centralized health providers and staff for routine and episodic care, as well as community health workers (CHWs) to work with patients as telehealth navigators and to facilitate care coordination across providers. This approach will link rural providers more directly into their own patients' homes and will also link them with a comprehensive support team of medical, dental, nutritional, pharmacy, and behavioral health providers. This bidirectional engagement will create a unique and functional regional care continuum across multiple communities and is dedicated to improving care outcomes for at-risk adults and children. Specific objectives are:</p> <ol style="list-style-type: none"> 1. Develop, implement, and examine the utility of evidence-based care protocols for standardizing DTC telehealth visits. 2. Expand an existing telehealth network and compare the requirements needed for successful encounters with rural North Carolina patients. 3. Compare outcomes from DTC tele-health care to outcomes from a similar matched group receiving face-to-face care. 				

Expected Outcomes:

Expected outcomes include the following:

1. Access to Care and Financial Impact/Cost. Barriers will decline with time, facilitators (including CHWs' roles) will be evaluated, time before seeing a provider will be shortened and workflows improved, access to different types of providers than are available locally will be increased, miles and gasoline will be saved, and emergency department use compared to those not receiving DTC encounters will be reduced.
2. Experience and Fidelity to Evidence-Based Care. DTC telehealth will contribute to high-quality care and will become a routine part of care and workflow with high levels of patient and provider satisfaction; protocols and workflows will be disseminated.
3. Effectiveness of Clinical/Patient Care Outcomes — process and clinical care outcomes. There will be improved process and clinical care outcomes with less missed work or school time and less emergency department and hospital time compared to those not receiving DTC encounters.

With these multiple service lines and telehealth modalities, this project was able to serve 382 unduplicated patients in Year 1 and plans to serve 780 unduplicated patients by Year 5. The table below indicates the number of actual/estimated number of unduplicated patients who will receive direct-to-consumer services at our service sites:

Estimated Number of Unique Patients Receiving DTC Services per year			
Year	Roanoke Chowan Community Health Center—Ahoskie, NC	ECU School of Dental Medicine, Dental Community Services Learning Center – Ahoskie, NC	Total
Year 1	381	1	382
Year 2	450	10	460
Year 3	500	30	530
Year 4	550	50	600
Year 5	700	80	780

Evidence Based/Promising Practice Model(s):

Despite the enormous growth in DTC telehealth, little is known about successful strategies to overcome rural patient and provider access barriers; patient and provider satisfaction with rural DTC telehealth delivery; the potential for time and cost savings; whether DTC telehealth protocols can facilitate evidence-based, high-quality care delivery; and whether patient outcomes for acute and chronic conditions can be achieved that are comparable to outcomes for face-to-face encounters. This project will specifically investigate the impact of remote patient monitoring and the use of DTC telehealth care that is interdisciplinary or interprofessional in nature when used to treat patients needing chronic disease management. This will involve development of interprofessional models of DTC medical, nursing, behavioral, nutritional, dental, and pharmacy care, including referral patterns, team-based care, and medical record sharing and communication approaches. This project will explore innovative strategies to identify new and existing patients who might benefit most from DTC care. This project will also explore the utility of store-and-forward vs. live audio and video telehealth strategies for specific DTC telehealth applications in rural areas with varying levels of broadband availability.

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Georgia

HealthIE Georgia Corporation

Grant Number:	G01RH42537				
Project Funding Period:	September 2021–August 2026				
Organization Type:	Nonprofit Rural Health Network				
Grantee Organization Information:	Name:	HealthIE Georgia Corporation			
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	City:	Clayton	State:	Georgia	Zip code: 30525
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	Website:	www.healthiega.org			
Primary Contact Information:	Name:	Mark Renfro			
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Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	HealthIE Georgia Corporation		GA	Non-profit Agency	
	HealthIE Community Center of Baxley	Appling*	GA	Rural Health Clinic	O
	Community Service Board of Middle Georgia	Burke*, Dodge*, Emanuel*, Laurens*	GA	Community Service Board	O
	Jeff Davis Hospital	Jeff Davis*	GA	Critical Access Hospital	O
	Bacon County Hospital & Health System	Appling*	GA	Critical Access Hospital	O
	Pineland Behavioral Health/Developmental Disabilities	Bulloch*, Candler*, Tattnall*, Toombs*, Wayne*	GA	Community Service Board	O
	Southern PharmaCare	Appling*	GA	Rural Pharmacy	O
Target population(s) served:	Population	Yes	Population	Yes	
	Adults	<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>	
	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>	
	Infants	<input checked="" type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>	
	Pre-school children	<input checked="" type="checkbox"/>	Women (incl. Pregnant)	<input checked="" type="checkbox"/>	
	School-age children (elementary)	<input checked="" type="checkbox"/>	Uninsured	<input checked="" type="checkbox"/>	
	School-age children (teens)	<input checked="" type="checkbox"/>	Other: Underinsured	<input checked="" type="checkbox"/>	
	Native Americans	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes	
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input checked="" type="checkbox"/>	
	Tele-Stroke	<input checked="" type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>	
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input checked="" type="checkbox"/>	

	Care Coordination	<input checked="" type="checkbox"/>	Integrated Systems of Care	<input checked="" type="checkbox"/>
	Opioid/Substance Use Disorder	<input checked="" type="checkbox"/>	Maternal/Women's Health	<input checked="" type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/Medication Management	<input checked="" type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input checked="" type="checkbox"/>	Patient Engagement	<input checked="" type="checkbox"/>
	Children's Health	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s):	Community Clinical Viewer	Azalea Health		
	First Call			

Project Description:

HealthIE Georgia has assembled a consortium of six existing providers that serve 12 rural counties with tremendous potential for enhanced access to health care with the full-scale adoption of evidence-based telehealth. Together, the consortium will develop and expand a Rural Health Telehealth Network. Grant funding will allow HealthIE Georgia to expand opportunities for network sites that are currently and have previously utilized telehealth, establishing new, high-quality telehealth care options. Supported by intensive technical assistance and professional development, strategies will incorporate real-time virtual visits using synchronous audio and visual technology and remote patient monitoring to provide direct-to-consumer telehealth care to patients. The network initiative will provide the technology, technical assistance, and training that eight impact sites require to dramatically increase the availability of high-quality telehealth services in the rural region through ongoing collaboration opportunities.

The objectives of the HealthIE Georgia Corporation are to expand its rural health network with this community-based grant program and to promote the Rural Communities Telehealth Initiatives Program (telehealth). It is a multiyear telehealth-focused initiative by the Health Resources and Services Administration (HRSA) aimed at (1) demonstrating how health networks can increase access to healthcare services utilizing telehealth technologies and (2) conducting evaluations of those efforts to establish an evidence base for assessing the effectiveness of telehealth care for patients, providers, and payers.

Expected Outcomes:

The network will expand access to patient care coordination and reduce the impact of rurality by linking primary care, acute care, and behavioral health care to a comprehensive coalition of providers. Efforts will be supported by a patient coordinator and two assistant patient coordinators. These professionals will provide personalized, culturally competent guidance and support as patients navigate the health care system, apply for insurance, and access primary care, acute care, and behavioral health. The network will provide the technology, technical assistance, and training that eight sites require to dramatically increase the availability of high-quality telehealth services in the rural region through ongoing collaboration opportunities.

The network will expand and enhance available services through strategic coordination. The project will not compete with other regional health care service providers, as there are no other regional health care service providers in the targeted impact counties. The network will implement comprehensive technical assistance and training to address regulation concerns and document potential best practices in this area. The result will be comprehensive evaluation data that documents the impact of innovative direct-to-consumer telehealth services and their effect on primary care, acute care, and behavioral health care for rural patients. The network will expand an infrastructure to support telehealth with cloud services and platform-based data collection, data sharing, and communication systems.

As indicated in the following table, the project plans to reach 5,898 unduplicated patients during the first year, and by Year 5, provide access to 8,635 unduplicated patients. The table below indicates the number of unique patients who will receive DTC services at distant site/originating service sites.

HealthIE Georgia Corporation
Estimated Number of Unique Patients Receiving DTC Services Per Year

Year	Bacon County Hospital	CSB of Middle Georgia	HealthIE Community Center	Jeff Davis Hospital	Pineland BHDD	Southern PharmaCare	Total
Year 1	352	1,960	252	693	2,439	202	5,898
Year 2	387	2,156	277	762	2,683	222	6,488
Year 3	426	2,372	305	839	2,951	244	7,137
Year 4	469	2,609	335	922	3,246	269	7,850
Year 5	515	2,870	369	1,015	3,571	296	8,635

Evidence Based/Promising Practice Model(s):

Behavioral Health Primary Care Integration (Scientifically Supported/Evidence-Based)

Revise health care processes and provider roles to integrate mental health and substance abuse treatment into primary care.

Telemedicine (Scientifically Supported/Evidence-Based)

Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring; also called telehealth.

Behavioral Telehealth Services (Some Evidence/Evidence-Based)

Provide mental health care services (e.g., psychotherapy or counseling) through digital platforms.

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Missouri

Lester E. Cox Medical Center

Grant Number:	G01RH42538				
Project Funding Period:	September 2021–August 2026				
Organization Type:	Hospital				
Grantee Organization Information:	Name:	Lester E. Cox Medical Center (d/b/a CoxHealth)			
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	Tel #:	417-269-3000			
	Website:	https://www.coxhealth.com/			
Primary Contact Information:	Name:	Tammy Flippen			
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	Tel #:	417-269-3252			
	Email:	Tammy.Flippen@coxhealth.com			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Cox North	Greene	MO	Hospital	D
	Center for Health Improvement – Springfield	Greene	MO	Hospital	D
	Center for Health Improvement – Branson	Taney*	MO	Hospital	D
	Center for Health Improvement – Monett	Lawrence*	MO	Hospital	D
	Clark Community Mental Health Center	Lawrence*	MO	Rural Mental Health Facility	D
	Cox Barton County – Golden Clinic	Barton*	MO	Rural Health Clinic	O
	Cox Barton County – Medical One Clinic	Barton*	MO	Rural Health Clinic	O
	CoxHealth Center Lebanon	Laclede*	MO	Rural Health Clinic	O
	CoxHealth Center Mountain Grove	Wright*	MO	Rural Health Clinic	O
	CoxHealth Family Medicine Branson	Taney*	MO	Rural Health Clinic	O
	CoxHealth Internal Medicine and Infectious Disease	Taney*	MO	Rural Health Clinic	O
	CoxHealth Women's Center Branson	Taney*	MO	Rural Health Clinic	O
	CoxHealth Family Medicine and Obstetrics	Taney*	MO	Rural Health Clinic	O
	CoxHealth Pain and Neurology	Taney*	MO	Rural Health Clinic	O
	Center for Addictions	Taney	MO	Rural Health Clinic	O
Target population(s) served:	Population	Yes	Population	Yes	
	Adults	<input checked="" type="checkbox"/>	African Americans	<input type="checkbox"/>	

	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians	<input type="checkbox"/>
	Infants	<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)	<input checked="" type="checkbox"/>
	School-age children (elementary)	<input type="checkbox"/>	Uninsured	<input type="checkbox"/>
	School-age children (teens)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Native Americans	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input checked="" type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s):	Microsoft Teams (DTC Telehealth Platform)	Microsoft Office Suite & 365		
	System EMR (Cerner)	Billing software		

Project Description:

The HRSA-funded Expanding Tele-Behavioral and Chronic Care (E-TACC) project aims to improve the health of the community by addressing behavioral health, chronic disease, and substance use disorders through implementation of a multidisciplinary care management approach provided through direct-to-consumer (DTC) telehealth services. The target service areas for the project include Barry, Barton, Laclede, Lawrence, Stone, Taney, and Wright counties in rural southwest Missouri. Rural-designated patients have multiple barriers to health care, including an extreme shortage in mental health providers, high poverty, and transportation barriers. The service area also experiences high chronic disease and mental health disorders. E-TACC will increase access for rural patients who have limited access to behavioral health and chronic care management services through the support of 10 contributing rural physician clinic partner sites. In addition, E-TACC will work in collaboration with a community partner, Clark Community Mental Health Center, a not-for-profit provider of mental health, psychiatric health and substance abuse services. Through E-TACC, Lester E. Cox/CoxHealth will establish protocols and procedures for DTC tele-behavioral services as a component to Primary Care Behavioral Health (PCBH) and chronic care management. This project allows patients to access care from their home, which reduces barriers to care often found in rural regions such as the cost of travel to a provider location for mental health and chronic disease services.

Expected Outcomes:

The E-TACC project activities are expected to allow patients in rural communities to experience improved health literacy and health outcomes from the increased access to tele-behavioral and chronic care management DTC services. Specifically, expected outcomes for E-TACC include (1) increasing access to integrated behavioral health and chronic care management services by establishing DTC visits in a patient's home with an appropriate provider based on specific patient need, (2) contributing to the evidence base for DTC care, and (3) managing the plan to implement DTC services for rural patients.

The HRSA E-TACC project will increase the number of patient encounters each year that will provide significant data on the potential impact to access tele-behavioral and chronic care management care services for rural communities. As indicated in the following table, the E-TACC project plans to reach 250 unduplicated patients during the first year, and by Year 5 to provide access

to 2,500 unduplicated patients in our rural communities. The table below indicates the number of unique patients who will receive DTC services at our health system and community distant service sites.

Estimated Number of Unique Patients Receiving DTC Services per Year						
Year	Lester E. Cox Medical Center	Center for Health Improvement - Springfield	Center for Health Improvement - Branson	Center for Health Improvement - Monett	Clark Center	Total
Year 1	100	60	10	80	0	250
Year 2	200	100	20	130	50	500
Year 3	550	350	50	450	100	1500
Year 4	750	450	100	550	150	2000
Year 5	900	550	100	750	200	2500

Evidence Based/Promising Practice Model(s):

One of the primary evidence-based intervention models utilized in this project is PCBH through telehealth integration modalities including DTC. In 2012, Lester E. Cox/CoxHealth implemented on-site PCBH in two project counties through a comprehensive quality-improvement program funded by HRSA. The outcomes included a reduction in (1) readmission rates of chronic disease patients, (2) preventable acute critical episodes, (3) body mass index, (4) emergency department visits (5%), (5) coronary artery disease, (6) A1c (12.75%), and (7) blood pressure (1.65%). In addition, CoxHealth has three centers for health improvement (CHIs) in Springfield, Monett, and Branson, MO. CHI programs and services provide evidence-based tools to help patients become better self-managers of chronic conditions, improve quality of life, and reduce health care costs. CoxHealth CHI utilizes telehealth to deliver chronic disease education created by the Stanford Chronic Disease Self-Management Program. Research shows that Stanford's evidence-based curriculum improves patients' self-efficacy in managing their conditions, promotes positive health behaviors, and increases health status four months after participation in the program. This project allows us to "back up" telemedicine interventions before patients reach the emergency department. The project also incorporates the use of various evidence-based screening tools as part of the initiative: PHQ-9 behavioral assessment, GAD-7 behavioral assessment, CAGE-AID substance abuse assessment, Diabetes Distress Scale (DDS), and Fagerstrom Test for Nicotine Dependence (FTND).

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	City:	Rockville	State:	Maryland	Zip code:	20857
Technical Assistance (TA) Consultant Contact Information:	Name:	Sherrie Williams				
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Maine

MaineHealth

Grant Number:	G01RH42539				
Project Funding Period:	September 2021-August 2026				
Organization Type:	Non-profit hospital system				
Grantee Organization Information:	Name:	MaineHealth			
	Address:	110 Free Street			
	City:	Portland	State:	Maine	Zip code: 04101
	Tel #:	207-661-7532			
	Website:	https://www.mainehealth.org/			
Primary Contact Information:	Name:	Stephanie Gagne			
	Title:	Project Director			
	Tel #:	207-661-7532			
	Email:	Stephanie.l.gagne@mainehealth.org			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Franklin Health Internal Medicine	Franklin*	ME	Primary care practice/clinic	D
	Livermore Falls Family Practice	Androscoggin*	ME	Primary care practice/clinic	D
	Farmington Family Practice	Franklin*	ME	Primary care practice/clinic	D
	Franklin Health Primary Care	Franklin*	ME	Primary care practice/clinic	D
	Primary Care At Memorial Hospital	Carroll*	NH	Primary care practice/clinic	D
	Mid Coast Medical Group Bath Internal Medicine	Sagadahoc*	ME	Primary care practice/clinic	D
	Mid Coast Medical Group Brunswick Primary Care	Cumberland*	ME	Primary care practice/clinic	D
	Mid Coast Medical Group Family Practice at Parkview	Cumberland*	ME	Primary care practice/clinic	D
	Mid Coast Medical Group Topsham Internal Medicine	Sagadahoc*	ME	Primary care practice/clinic	D
	Pen Bay Internal Medicine	Knox*	ME	Primary care practice/clinic	D
	Waldoboro Family Medicine	Lincoln*	ME	Primary care practice/clinic	D
	Pen Bay Family Medicine	Knox*	ME	Primary care practice/clinic	D
	Arthur Jewell Community Health Center	Waldo*	ME	Primary care practice/clinic	D
	Donald Walker Health Center	Waldo*	ME	Primary care practice/clinic	D

	Waldo County Medical Partners Primary Care Fahy	Waldo*	ME	Primary care practice/clinic	D
	Linconville Regional Health Center	Waldo*	ME	Primary care practice/clinic	D
	Stockton Springs Regional Health Center	Waldo*	ME	Primary care practice/clinic	D
	Waldo County Medical Partners Family Medicine	Waldo*	ME	Primary care practice/clinic	D
	Waldo County Medical Partners Primary & Walk-in Care	Waldo*	ME	Primary care practice/clinic	D
	Western Maine Primary Care	Oxford*	ME	Primary care practice/clinic	D
	Southern Maine Family Medicine - Sanford	York*	ME	Primary care practice/clinic	D
	Southern Maine Family Medicine – Kennebunk	York*	ME	Primary care practice/clinic	D
	Dr. Robert Laurence Internal Medicine	Knox*	ME	Primary care practice/clinic	D
	Pen Bay Medicine and Infectious Disease	Knox*	ME	Primary care practice/clinic	D
	Pen Bay Primary Care Rockland	Knox*	ME	Primary care practice/clinic	D
	Lincoln Medical Partners - Demariscotta	Lincoln*	ME	Primary care practice/clinic	D
	Lincoln Health Family Care Center	Lincoln*	ME	Primary care practice/clinic	D
	Lincoln Medical Partners Family Medicine Waldoboro	Lincoln*	ME	Primary care practice/clinic	D
	Lincoln Medical Partners Family Medicine - Wiscasset	Lincoln*	ME	Primary care practice/clinic	D
Mid Coast Medical Group Internal Medicine at Parkview	Cumberland*	ME	Primary care practice/clinic	D	
Target population(s) served:	Population	Yes	Population	Yes	
	Adults	<input type="checkbox"/>	African Americans	<input type="checkbox"/>	
	Elderly (65 or >)	<input type="checkbox"/>	Caucasians	<input type="checkbox"/>	
	Infants	<input type="checkbox"/>	Latin-x	<input type="checkbox"/>	
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>	
	School-age children (elementary)	<input type="checkbox"/>	Uninsured	<input type="checkbox"/>	
	School-age children (teens)	<input type="checkbox"/>	Other: All adult patients with Type II Diabetes	<input checked="" type="checkbox"/>	
	Native Americans	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes	
	Tele-Behavioral/Mental Health	<input type="checkbox"/>	Access: Primary Care	<input checked="" type="checkbox"/>	
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>	
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>	
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>	
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>	
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>	

	Tele-Home Care/Remote Patient Monitoring	<input checked="" type="checkbox"/>	Patient Engagement	<input checked="" type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s):	Epic	Health Recovery Solutions (HRS)		
	Zoom			

Project Description:

MaineHealth's Evidence-Based Telehealth Network Program project will focus on multi-modal interventions aimed at increasing patient engagement and clinical outcomes for those diagnosed with diabetes. With Maine being the most rural state in America and having among the highest (per capita) percentage of people living with diabetes, the goal is to increase access to care for these patients by leveraging telehealth technologies.

Diabetes prevention and diabetes education programs are rare in rural counties, which tend to be poorer, with more minorities and higher rates of diabetes. Telehealth is seen as a promising mechanism to help rural residents with diabetes access specialty and subspecialty care and better manage their disease. Telehealth can also be a platform for patient education to improve chronic disease-management skills, which helps address the significant shortage of health care providers in rural regions.

Through the Evidence Based Telehealth Network Program, MaineHealth aims to implement and expand services throughout its vast service area and study the impact of patients engaged in one or more of the following interventions:

1. Telemedicine visits with primary care providers — *existing service*
2. Telemedicine visits with pharmacists — *existing service*
3. Electronic consultations between primary care providers and pharmacists — *existing service*
4. Remote patient monitoring — *new service*
5. Health and nutrition education from Living Well with Diabetes (LWDM) self-management program or other similar entity or program — *expanding existing service*

Expected Outcomes:

The proposed project aims to demonstrate how direct-to-consumer telehealth services may impact blood glucose values and contribute to better control of patient's HbA1c levels. By leveraging a central telehealth team and adding health educators who are specifically trained to deliver diabetes self-management curriculum to patients, MaineHealth will implement the use of remote patient monitoring (RPM) Bluetooth glucometers for patients of existing primary care providers (PCPs) who are participating in the Living Well with Diabetes Program. The RPM values will be monitored by a remote pharmacist who will communicate with the patient's PCP if interventions or medication adjustments are needed based on blood glucose values being out of range.

In this randomized control trial, the project will evaluate the effect of RPM and patient education on patient activation and glycemic control in individuals with Type 2 diabetes. Patients participating in Living Well with Diabetes (LWDM), who have also agreed to participate in research, will be randomly assigned to either the RPM arm of the study (intervention) or LWDM only (control). This research will contribute to the evidence base about the effectiveness of twice daily point of care blood glucose testing for patients age 18 and older with a recorded HbA1c level higher than ≥ 8 within the past 6 months on glycemic control. By partnering with the Center for Outcomes Research and Evaluation (CORE) at the Maine Medical Center Research Institute, the project team will develop the research protocol and obtain IRB approval to study the clinical impact on human subjects.

The project will use HRSA's evaluation measures (to be identified with the Rural Telehealth-Focused Research Center) to collect evidence-based data and project-specific measures and develop additional measures that we will track throughout the performance period. Data to be collected include assessing clinical outcomes including glycemic control, cost-effectiveness of care, quality of care, access to care and education, and operational value.

To summarize, the gaps in current knowledge point to the need to explore which patient subgroups stand to benefit the most from telehealth interventions; which interventions or combinations of interventions convey the most benefit; what outcomes are most benefitted by which types of telehealth interventions (e.g., HbA1c versus emergency department visits versus mortality); and what is the effect of telemedicine interventions on cost, both at the patient level as well as at the system-utilization level.

As indicated by the following tables, this project plans to reach 30 unduplicated patients in year two and provide access to RPM to 920 unduplicated patients across the five years. These tables indicate the number of unique patients who will receive DTC services at distant sites.

Estimated Number of Unique Patients Receiving DTC Services per year											
Year	Western Maine Primary Care	Southern Maine Family Medicine-Sanford	Southern Maine Primary Care – Kennebunk	Franklin Health Internal Medicine	Livermore Falls Family Practice	Franklin Health Farmington Family Practice	Franklin Health Primary Care	Pen Bay Family Medicine	Pen Bay Internal Medicine	Waldoboro Family Medicine	Total
Year 1	0	0	0	0	0	0	0	0	0	0	0
Year 2	10	10	10	0	0	0	0	0	0	0	30
Year 3	30	30	25	25	10	10	5	10	5	5	155
Year 4	50	50	35	35	10	10	5	20	5	5	225
Year 5	50	50	30	35	10	10	5	20	5	5	220

Estimated Number of Unique Patients Receiving DTC Services per year											
Year	Dr. Robert Laurence Internal Medicine	Pen Bay Medicine & Infectious Diseases	Pen Bay Primary Care Rockland	Lincoln Medical Partners – Demariscotta	Lincoln Health Family Care Center	Lincoln Medical Partner Family Medicine – Waldoboro	Lincoln Medical Partners Family Medicine – Wiscasset	Aurthur Jewell Community Health Center	Donald Walker Health Center	Waldo County Medical Partners Primary Care Fahy	Total
Year 1	0	0	0	0	0	0	0	0	0	0	0
Year 2	0	0	0	0	0	0	0	0	0	0	0
Year 3	5	5	5	0	0	0	0	0	0	0	15
Year 4	5	5	5	10	5	5	5	5	5	5	55
Year 5	5	5	5	25	5	5	5	5	5	5	70

Estimated Number of Unique Patients Receiving DTC Services per year											
Year	Lincolnville Regional Health Center	Stockton Springs Regional Health Center	Waldo County Medical Partners Family Medicine	Waldo County Medical Partners Primary & Walk-In Care	Primary Care at Memorial Hospital	Mid Coast Medical Group Brunswick Primary Care	Mid Coast Medical Group Family Practice at Parkview	Mid Coast Medical Group Topsham Internal Medicine	Mid Coast Medical Group Internal Medicine at Parkview	Mid Coast Medical Group Internal Medicine at Bath	Total
Year 1	0	0	0	0	0	0	0	0	0	0	0
Year 2	0	0	0	0	0	0	0	0	0	0	0
Year 3	0	0	0	0	20	0	0	0	0	0	20
Year 4	5	5	5	5	20	5	5	5	5	5	65
Year 5	5	5	5	5	20	5	5	5	5	5	65

Evidence Based/Promising Practice Model(s):

The proposed project will leverage several existing practice models within MaineHealth and create the opportunity to introduce additional new care delivery methods. MaineHealth has an extensive history of telehealth implementations across a vast number of ambulatory practices, including telemedicine (video visits) with primary care providers and pharmacists, electronic consultations between primary care providers and pharmacists, and health education aimed specifically at patients who have been diagnosed with either diabetes or prediabetes.

While remote patient monitoring (RPM) is not new to MaineHealth, past programs have been implemented at select sites and have primarily focused on hypertension and weight management. These previous programs have successfully engaged the patient in their care and allowed the providers to closely monitor patient progress over several months. The MaineHealth telehealth team will expand upon those experiences and introduce diabetes management via RPM to a broader patient service area as part of this project work.

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Texas

Texas A&M University System

Grant Number:	G01RH42540				
Project Funding Period:	September 2021–August 2026				
Organization Type:	University				
Grantee Organization Information:	Name:	Texas A&M University System			
	Address:	400 Harvey Mitchell Parkway South, Suite 300			
	City:	College Station	State:	Texas	Zip code: 77845
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	Title:	Clinical Associate Professor & Director of Telebehavioral Health			
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	Email:	cmccord@tamu.edu			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	TAMU Health FCC Navasota	Grimes*	TX	Academic Health Science Center Clinic	Distant
	TAMU Health FCC Bryan	Brazos*	TX	Academic Health Science Center Clinic	Distant
	TAMU Health Department of Psychiatry	Brazos*, Burleson*, Grimes*, Leon*, Madison*, Robertson*, Washington*	TX	Academic Health Science Center Clinic	Distant
Target population(s) served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>
	Infants		<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	<input checked="" type="checkbox"/>
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured	<input checked="" type="checkbox"/>
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Native Americans		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	<input checked="" type="checkbox"/>
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)		<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>

	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input checked="" type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s):	MEND Telehealth Platform		eClinical Works EMR	

Project Description:

Through the Expanding Patient Access to Telehealth Through Engaging Rural Networks (ePATTERN) 2.0 Project, Texas A&M University will work with new partners to expand access to telehealth services available in underserved counties for behavioral health, primary care, and maternal health. Telehealth services will be provided direct to consumer. The direct-to-consumer services will be provided in Brazos Valley and South Texas counties.

Expected Outcomes:

The ePATTERN 2.0 project aims to expand access to telehealth across two rural regions in Texas, as well as expand evaluation of telehealth services. Goals and major objectives are listed below.

The first goal is to expand access to telehealth (behavioral health, primary, and maternal care) in two rural regions across Texas. To accomplish this goal, the ePATTERN 2.0 team will finalize partnerships and logistics to expand services, work through information-sharing channels among network partners to establish and prepare new distant sites, and then implement in-person and telehealth services at distant sites.

Concurrently, the ePATTERN 2.0 team will work to accomplish Goal 2, which is to maintain and expand evaluations of telehealth services to contribute to the evidence base. The evaluation team will ensure data-sharing capabilities between hub organization and the spoke sites, then use that infrastructure to collect, maintain, and analyze program data and evaluation measures. The team will use data to manage the project with integrity and attention to detail and quality. Ultimately, the data will be used to contribute to the evidence base.

Estimated Number of Unique Patients Receiving DTC Services Per Year				
Year	Site A (FCC Navasota)	Site B (FCC Bryan)	Site C (TAMU Psychiatry)	Total
Year 1	20	20	75	115
Year 2	40	100	100	240
Year 3	60	150	100	310
Year 4	80	250	125	455
Year 5	80	350	125	555

Evidence Based/Promising Practice Model(s):

Past research shows that the quality of care via telehealth results in patient health outcomes that are either equal to or better than in-person care. Furthermore, the decision for health care administrators to introduce telehealth services can be cost-effective considering the model of care. Telehealth services have been shown to contribute between \$20,000 and \$1.3 million annually to rural economies. Interactive video telehealth services are shown to produce high patient satisfaction, increase access to quality care, and decrease utilization expenses. In a nationwide home telehealth program, the Veterans Health Administration has served approximately 120,000 veterans and produced an annual savings of \$1,999 per patient and reduced hospital admissions by 38%. Regarding behavioral health, providers consult the literature for best practices for each client and are deliberate to account for cultural considerations. The most common evidence-based approach used is cognitive behavioral therapy. If trauma symptoms are present, cognitive processing therapy, narrative therapy, or prolonged exposure may be used. Mindfulness interventions have also been used in group and individual settings. Mindfulness practice has been demonstrated to decrease depression, anxiety, and trauma symptoms and improve health, cognitions, cognitive control, acceptance, emotion regulation, and pain modulation.

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	Tel #:	229-686-4627				
	Email:	swilliams@slcsw@gmail.com				
	City:	Atlanta	State:	Georgia	Zip code:	30303

Kansas

University of Kansas Medical Center

Grant Number:	1 G01RH42541				
Project Funding Period:	September 2021-August 2026				
Organization Type:	University				
Grantee Organization Information:	Name:	University of Kansas Medical Center Department of Pediatrics			
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	Tel #:	913-588-5000			
	Website:	www.kumc.edu			
Primary Contact Information:	Name:	Eve-Lynn Nelson			
	Title:	Principal Investigator			
	Tel #:	913-707-1494			
	Email:	enelson2@kumc.edu			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	University of Kansas Medical Center	Wyandotte*	KS	University	D
	Community Health Center of Southeast Kansas	Crawford*	KS	FQHC	D
	Coffeyville School District	Montgomery*	KS	School District	D
	Coffeyville School District	Montgomery*	KS	School District	O
	Pittsburg School District	Crawford*	KS	School District	O
	Chanute School District	Neosho*	KS	School District	O
	The Family Resource Center	Crawford*	KS	School	O
	Hamm Early Learning Center	Montgomery*	KS	School	O
Target population(s) served:	Population	Yes	Population	Yes	
	Adults	<input type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>	
	Elderly (65 or >)	<input type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>	
	Infants	<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>	
	Pre-school children	<input checked="" type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>	
	School-age children (elementary)	<input checked="" type="checkbox"/>	Uninsured	<input checked="" type="checkbox"/>	
	School-age children (teens)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
	Native Americans	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes	
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>	
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>	
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input checked="" type="checkbox"/>	
	Care Coordination	<input checked="" type="checkbox"/>	Integrated Systems of Care	<input checked="" type="checkbox"/>	
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>	
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>	

	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input checked="" type="checkbox"/>
	Children's Health	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s):	Zoom		Community Care Link software	

Project Description:

The Telehealth ROCKS Communities (THRC) project is an extension of ongoing outreach and telehealth by the University of Kansas Medical Center (KUMC) with partners in southeast Kansas to focus on unmet behavioral health needs in the pediatric populations in Kansas' most underserved region, with long-standing pediatric developmental and behavioral health needs exacerbated by the pandemic. To meet these needs, THRC will empower patient and family-directed care, including direct-to-consumer (DTC) tele-behavioral health and community health workers, across the multitiered evidence-based services.

All three distant-site partners — KUMC, Community Health Center of Southeast Kansas, and Coffeyville USD 445 — will provide direct therapeutic and specialty behavioral health services through DTC telehealth to students in three school districts — Chanute, Pittsburg, and Coffeyville — along with two stand-alone integrated early learning centers, the Hamm Early Learning Center in Coffeyville and the Family Resource Center in Pittsburg. Through community health worker care coordination before, during, and after telehealth encounters, the parent or guardian will drive DTC encounters at the location that best fits needs and trust.

THRC has five interrelated goals to address these areas:

1. Engagement and family support
2. Community health workers
3. Multitiered telehealth services
4. Education and telementoring
5. Telehealth workforce

Expected Outcomes:

The Telehealth ROCKS Communities project has the following expected outcomes: increased access to DTC tele-behavioral health, reduction in symptoms and improved clinical outcomes, increased self-efficacy and ability to access needed health and social services, reductions in trauma and individual and community impacts from trauma and social determinants of health, and improvements in individual and community health status and outcomes.

This Project will increase the number of patient behavioral health encounters each year that will provide significant data on the potential impact to access to care in these underserved rural communities. As indicated in the following table, the project work plan details that by year 5 the project will provide access to 700 unduplicated patients. The table below indicates the number of unique patients who will receive DTC services at distant site/originating service sites by program year.

Estimated Number of Unique Patients Receiving DTC Services per year				
Year	Coffeyville (including Hamm)	Pittsburg (including Family Resource)	Fort Scott	Total
Year 1	18	35	17	70
Year 2	44	87	44	175
Year 3	87	175	88	350
Year 4	131	263	131	525
Year 5	175	350	175	700

Evidence Based/Promising Practice Model(s):

Universal interventions:

- Psychological First Aid (PFA) and Resilience Training. Evidence base: National Child Traumatic Stress Network and the National Center for PTSD; Despeaux et al. (2019)
- Child Adult Relationship Enhancement (CARE). Evidence base: Gurwitch et al. (2016); Messer et al. (2018)
- Behavior Checker. Evidence base: Moon et al. (2016); Unell & Wyckoff (2016)
- Ten Facets of Resilience. The University of Kansas Health System (2021)

Targeted Interventions (Short-Term Trauma/Grief-Focused Interventions):

- Skills for Psychological Recovery. National Child Traumatic Stress Network and the National Center for PTSD (Berkowitz et al., 2010)
- Family Check Up. Evidence base: Dishion et al. (2012); Van Ryzin et al. (2012); Shelleby et al. (2018)
- Healthy Lifestyle. Evidence base: Davis, et al. (2013)
- Modular Approach to Therapy for Children with Anxiety, Depression Trauma, or Conduct Problems. Evidence base: Chorpita & Weisz, 2009; Lucassen et al. (2015)

Intensive Interventions:

- Parent-child Interaction therapy. Evidence base: Eyberg, Nelson, & Boggs (2008); Comer, et al. (2017)
- Trauma-focused Cognitive Behavioral. Evidence base: Nelson, et al. (2014); Cohen, et al. (2016)
- Psychiatric medication management. Evidence base: Cain, Nelson, & Myers (2016); Myers & Cain (2010)
- OASIS Intensive parent/guardian training. Evidence base: Heitzman-Powell et al. (2014); Buzhardt, et al. (2016)

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Mississippi

University of Mississippi Medical Center

Grant Number:	G01RH42542				
Project Funding Period:	September 2021–August 2026				
Organization Type:	Academic Medical Center				
Grantee Organization Information:	Name:	University of Mississippi Medical Center			
	Address:	2500 North State Street			
	City:	Jackson	State:	Mississippi	Zip code: 39216
	Tel #:	601-984-1000			
	Website:	www.umc.edu			
Primary Contact Information:	Name:	Dr. Tearsanee C. Davis			
	Title:	Director, Clinical and Advanced Practice Operations, Center for Telehealth			
	Tel #:	601-815-2022			
	Email:	Tcdavis2@umc.edu			
Telehealth Network Sites:	Site Name	County/Counties Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	University of Mississippi Medical Center Center for Telehealth	All 82 Counties Via Telehealth	MS	Academic Medical Center	D
	University of Mississippi Medical Center Dept of OB-GYN	Hinds (in person) All 82 Via telehealth	MS	Academic Medical Center	D
	Oxford Health Care Associates	Lafayette*	MS	FQHC	D,O
	Corinth Health Care Associates	Alcorn*	MS	FQHC	D,O
	Tishomingo Health Care Associates	Tishomingo*	MS	FQHC	D,O
	New Albany Health Care Associates	Union*	MS	FQHC	D,O
	Ripley Health Care Associates	Tippah*	MS	FQHC	D,O
	Booneville Community Health Center	Prentiss*	MS	FQHC	D,O
	Walnut Medical Center	Tippah*	MS	FQHC	D,O
	Benton Medical Center	Benton*	MS	FQHC	D,O
Target population(s) served:	Population	Yes	Population	Yes	
	Adults	<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>	
	Elderly (65 or >)	<input type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>	
	Infants	<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>	
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)	<input checked="" type="checkbox"/>	
	School-age children (elementary)	<input type="checkbox"/>	Uninsured	<input checked="" type="checkbox"/>	
	School-age children (teens)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
	Native Americans	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input checked="" type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input checked="" type="checkbox"/>	Maternal/Women's Health	<input checked="" type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input checked="" type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Health Education and Promotion	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Chronic Disease Management	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Sources of Reimbursement:	Medicare	<input checked="" type="checkbox"/>	Private Insurance
Medicaid		<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Telehealth/Health Information Technology System(s):	EPIC	UMMC2YOU/ExtendedCare		
	Greenway EHR	Care Innovations RPM Kit		

Project Description:

There is a need for sharing of resources in rural areas for mothers at higher risk for poor pregnancy outcomes. The goals of this project are to (1) enhance access to antepartum and postpartum care for rural Mississippians; (2) incorporate patients' social determinants of health into their care by connecting them with available community resources and providing direct-to-consumer (DTC) care by the University of Mississippi Medical Center (UMMC) Center for Telehealth's Behavioral Health Team; and (3) assess effectiveness of antepartum and postpartum telehealth care for patients, providers, and payers.

The UMMC Center for Telehealth will provide resources to promote partner sites using telehealth to provide primary care services to patients living in the counties served. UMMC Center for Telehealth will provide maternal child and chronic disease management support to expectant mothers using remote patient monitoring. A registered nurse care coordinator will serve as the health work and care coordinator for the mothers to identify needs and connect them to community and health resources. The UMMC Department of OBGYN will provide maternal-fetal medicine (MFM) consults via telehealth to patients in their homes.

Expected Outcomes:

Mothers in rural Mississippi will receive greater access to behavioral, maternal, and primary care and education using DTC telehealth. Progress will be measured by an increase in the number of patients served by DTC services and by completion of activities at milestones set on the work plan. It is estimated that 225 patients will be served during the five-year period.

This Project will increase the number of patient encounters each year that will provide significant data on the potential impact to access to care for very remote and rural communities. As indicated in the following table, the project plans to reach 55 unduplicated patients during the second year, and by Year 5 to provide access to 225 unduplicated patients. The table below indicates the number of unique patients who will receive DTC services at distant site/originating service sites.

Estimated Number of Unique Patients Receiving DTC Services per year

Year	Site A University of MS Center for Telehealth	Site B UMMC OBGYN	Site C Oxford Health Care	Site D Corinth Health Care	Site E Tishomingo Health Care	Site F New Albany Health Care	Site G Ripley Health Care	Site H Booneville CHC	Site I Walnut Medical Center	Site J Benton medical Center	Total
Year 1	0	0	0	0	0	0	0	0	0	0	0
Year 2	0	0	10	10	10	5	5	5	5	5	55
Year 3	0	0	10	10	10	10	10	10	10	10	80
Year 4	0	0	15	15	10	10	15	10	10	10	90
Year 5	0	0	0	0	0	0	0	0	0	0	0

Evidence Based/Promising Practice Model(s):

This project is designed to address the existing gaps in the current evidence base for DTC telehealth services and provide a framework for future implementation of DTC telehealth services. The project will collect data to demonstrate value on all four tenets of the quadruple aim of population health:

- 1. Patient satisfaction.** Data will be collected on patient satisfaction and perception of the DTC services provided to them. The project will also collect and analyze data to demonstrate the impact on patients' increase in knowledge of important topics related to maternal health.
- 2. Provider satisfaction.** The project will collect and analyze data on provider satisfaction with telehealth services and the ability to obtain relevant clinical information during audio or video visits for appropriate evaluation and management.
- 3. Clinical outcomes.** Data will be collected on a number of indicators that are part of the Pregnancy Risk Assessment Monitoring System (PRAMS) quality assessment of maternal and child health care delivery. The project will compare the clinical outcomes between a cohort of patients who received DTC services with another cohort with similar characteristics who did not receive DTC services.
- 4. Economic evaluation.** Economic evaluations of DTC telehealth services are still a rarity, and the few that have been published do not account for the wide range of economic costs and benefits. A rigorous cost-benefit analysis that will include opportunity cost estimation and monetary conversion factors will be conducted to translate outcomes to dollar values.

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Maryland

Zip code:

20857

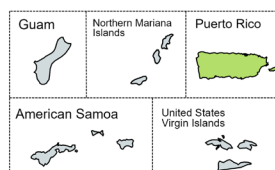
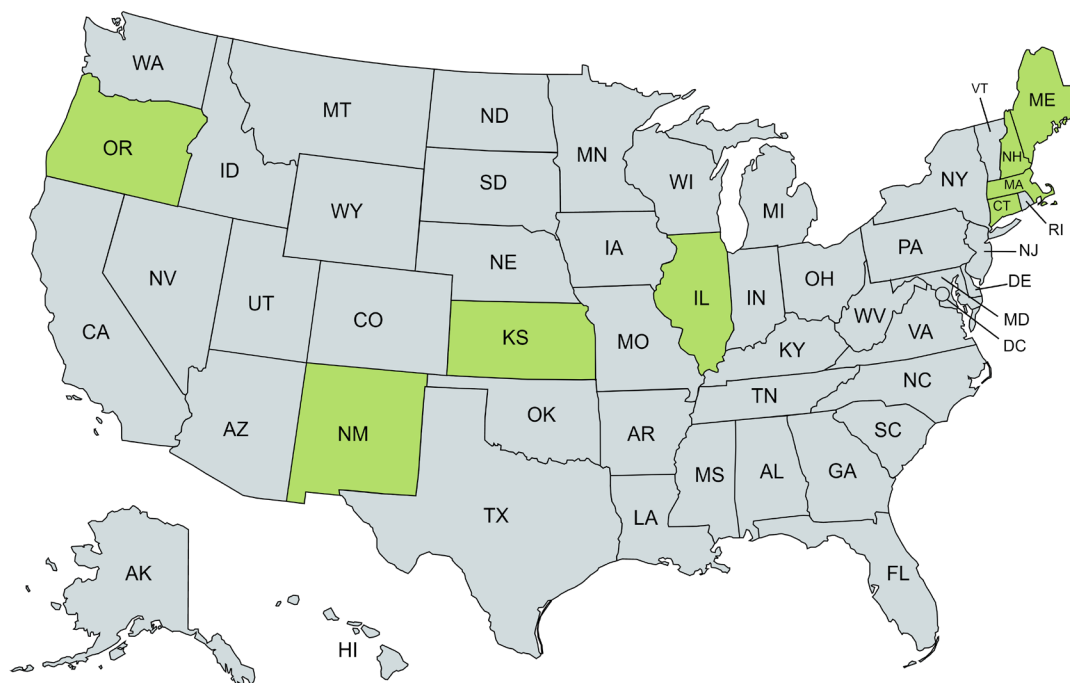
**Technical Assistance (TA)
Consultant Contact
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Maryland

Zip code:

20895

Telehealth Technology-Enabled Learning Program (TTELP)



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Illinois

American Academy of Pediatrics

Grant Number:	U3IRH43505				
Organization Type:	Not for profit				
Grantee Organization Information:	Name:	American Academy of Pediatrics			
	Address:	345 Park Blvd.			
	City:	Itasca	State:	Illinois	Zip code: 60143
	Tel #:	800-433-9016			
	Website:	www.aap.org			
Primary Contact Information:	Name:	Shannon Limjuco			
	Title:	Director, Telehealth and ECHO Initiatives			
	Tel #:	630-626-6217			
	Email:	slimjuco@aap.org			
Telehealth Network Sites:	Site Name	County/Counties Served (mark with a * if HPSA and/or MUA)	State	Organization Type	Site Type: Hub or Spoke
	Gettysburg Pediatrics	Adams	PA	Private Practice	Spoke
	Pacific Pediatrics, LLC	Ketchikan Gateway Borough*	AK	Private Practice	Spoke
	Central Virginia Health Services	Buckingham County*	VA	FQHC	Spoke
	UPCM Cole Pediatrics	Potter County*	PA	Medical Practice	Spoke
	Seattle Children's Gender Clinic	King	WA	Hospital Clinic	Hub
	AAP Tennessee Chapter	Davidson	TN	AAP Chapter	Hub
	Pickens County Primary Care	Pickens County*	AL	Private Practice	Spoke
	Therapeutic Focus, LLC	Crittenden County*	AR	Private Practice	Spoke
	West Virginia Center for Excellence in Disabilities	Monongalia County*	WV	Disability Services and Supports	Spoke
	MCD Global Health	Kennebec	ME	Non -Profit	Hub
	Ann & Robert H. Lurie Children's Hospital of Chicago	Cook	IL	Hospital	Hub
	LSU Health Sciences Center	Orleans	LA	Public University	Hub
	Target population(s) served:	Population	Yes	Population	Yes
Medical doctors (MDs)		<input checked="" type="checkbox"/>	Advanced practice nurses (APNs)	<input checked="" type="checkbox"/>	
Obstetrician/Gynecologists (OB/GYNs)		<input type="checkbox"/>	Clinical nurse specialists (CNSs)	<input checked="" type="checkbox"/>	
Nurse practitioners (NPs)		<input checked="" type="checkbox"/>	Community Health Workers (CHWs)	<input checked="" type="checkbox"/>	
Physician assistant (PAs)		<input checked="" type="checkbox"/>	Licensed clinical social workers (LCSWs)	<input checked="" type="checkbox"/>	
Licensed practical nurses (LPNs)		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
Registered nurses (RNs)		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
Focus areas of grant program: (Select top 3-5 focus areas for project)	Focus Area:	Yes	Focus Area:	Yes	
	Infectious Diseases (incl. COVID and HIV/AIDS)	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	
	Behavioral Health	<input checked="" type="checkbox"/>	Cancer	<input type="checkbox"/>	

	Substance use disorder (incl. opioids)	<input type="checkbox"/>	COPD/Asthma	<input type="checkbox"/>
	Prenatal care	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
	Maternal care	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pediatric care (incl. specialty care)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	N/A			

Project Description:

The American Academy of Pediatrics (AAP) will expand the existing AAP ECHO (Extension for Community Healthcare Outcomes) superhub to establish the National Rural Adolescent and Child Health ECHO Training Center (NRACH ECHO Training Center). The NRACH ECHO Training Center will support primary care providers (PCPs) in ensuring that children and adolescents who live in rural communities have access to pediatric mental and behavioral health services and quality pediatric care to support optimal health outcomes and improved quality of life. PCPs engaged in this project will include pediatricians, family physicians, nurse practitioners, physician assistants, nurses, social workers, and community health workers. In this project, AAP will collaborate with national, regional, and state partners on the following goals: (1) build the capacity of rural pediatric and adolescent health care providers in addressing the behavioral and mental health needs of children and adolescents in rural, underserved, and frontier locations via ECHO learning communities with embedded quality-improvement protocols; (2) establish multiple ongoing rural pediatric and adolescent health ECHOs for “just-in-time” learning in response to participant needs; (3) develop and disseminate a compendium of standardized pediatric curricula, recorded didactics, and webinars for asynchronous learning and spread of evidence-based services; (4) provide ECHO immersion training and technical assistance to organizations interested in becoming an ECHO hub to serve rural communities for children and adolescents to promote quality health care and other services; and (5) develop and implement a comprehensive evaluation methodology to support and monitor outcomes of the program. AAP will convene a national sample of PCPs from multiple rural, frontier, and underserved communities across the United States and U.S. territories. As a national program, its target service area includes all rural communities. Through this project, the AAP will address pediatric mental and behavioral health care as a primary focus and emerging pediatric health care as a secondary focus, with topics identified by the individual ECHO learning communities, e.g., COVID-19, adolescent health care, substance use, or complex medical conditions.

Expected Outcomes:

This project aims to increase the capacity of PCPs in rural, frontier, and underserved areas to provide quality pediatric mental and behavioral health services and specialty care for emerging pediatric health issues in rural primary care settings through the establishment of the NRACH ECHO Training Center. Expected outcomes by the end of the five-year grant period include learner self-reported changes in knowledge and self-efficacy and program impacts at the individual client and larger systems levels. AAP will use short-term and intermediate outcomes as proxy measures, with an outcome evaluation guided by the following questions: (1) To what extent have program activities and outputs contributed to achieving the expected short-term and intermediate outcomes as outlined in the program strategies? (2) How have the resources developed and the processes implemented strengthened the knowledge and skills of the target audience? (3) Do providers participating in ECHO programs have improved knowledge, confidence, and treatment practices related to the targeted condition? (4) Does provider participation in Project ECHO improve health outcomes for patients? Example outcome measures and indicators for ECHO projects may include the number of participants with improved knowledge, confidence, and treatment practices related to the targeted condition; the percentage of practices that achieved changes in clinical quality outcomes after ECHO participation; and the number of patients within a practice that achieved improved health outcomes following provider participation in Project ECHO. A comprehensive program evaluation and performance-measurement plan will be developed by the AAP project team, in consultation with key stakeholders, including HRSA and the assigned Rural Telehealth-Focused Research Center.

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Connecticut

Community Health Center Inc.

Grant Number:	U3IRH43506				
Organization Type:	Federally Qualified Health Center (FQHC)				
Grantee Organization Information:	Name:	Community Health Center Inc.			
	Address:	635 Main St.			
	City:	Middletown	State:	Connecticut	Zip code: 06457
	Tel #:	860-347-6971			
	Website:	www.chc1.com ; www.weitzmaninstitute.org			
Primary Contact Information:	Name:	Ariel Porto			
	Title:	Senior Program Manager, Education			
	Tel #:	860-347-6971 ext. 3465			
	Email:	PortoAr@chc1.com			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if HPSA and/or MUA)	State	Organization Type	Site Type: Hub or Spoke
	Community Health Center Inc.	Fairfield*, Hartford*, Litchfield*, Middlesex*, New Haven*, New London*, Tolland*, Windham*	CT	FQHC	Hub
	Camarena Health	Fresno*, Madera*	CA	FQHC	Spoke
	Open Door Community Health Centers	Colusa*, Humboldt*	CA	FQHC	Spoke
	Clarity Healthcare	Marion*	MO	FQHC	Spoke
	Horizon Healthcare	Brown*	SD	FQHC	Spoke
	Valley Health Center, Inc.	Randolph*	WV	FQHC	Spoke
	Western Sierra Medical Clinic	Nevada*	CA	FQHC	Spoke
	Chapa-De Indian Health	Nevada*, Placer*	CA	FQHC	Spoke
	Mariposa Community Health Center	Santa Cruz*	AZ	FQHC	Spoke
	Oak Orchard Health	Genesee*, Monroe*, Orleans*, Steuben*, Wyoming*	NY	FQHC	Spoke
	Target population(s) served:	Population	Yes	Population	Yes
Medical doctors (MDs)		<input checked="" type="checkbox"/>	Advanced practice nurses (APNs)	<input checked="" type="checkbox"/>	
Obstetrician/Gynecologists (OB/GYNs)		<input type="checkbox"/>	Clinical nurse specialists (CNSs)	<input type="checkbox"/>	
Nurse practitioners (NPs)		<input checked="" type="checkbox"/>	Community Health Workers (CHWs)	<input type="checkbox"/>	
Physician assistant (PAs)		<input checked="" type="checkbox"/>	Licensed clinical social workers (LCSWs)	<input checked="" type="checkbox"/>	
Licensed practical nurses (LPNs)		<input type="checkbox"/>	Other: Psychologists	<input checked="" type="checkbox"/>	
Registered nurses (RNs)		<input checked="" type="checkbox"/>	Other: LPCs	<input checked="" type="checkbox"/>	

Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Infectious Diseases (incl. COVID and HIV/AIDS)	<input checked="" type="checkbox"/>	Heart disease	<input type="checkbox"/>
	Behavioral Health	<input checked="" type="checkbox"/>	Cancer	<input type="checkbox"/>
	Substance use disorder (incl. opioids)	<input checked="" type="checkbox"/>	COPD/Asthma	<input type="checkbox"/>
	Prenatal care	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
	Maternal care	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pediatric care (incl. specialty care)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Zoom Videoconferencing	EthosCE		
	Qualtrics			

Project Description:

Community Health Center Inc. and its Weitzman Institute (CHC/WI) are developing the five-year Primary Care Reinvention Project, leveraging CHC/WI's existing Project ECHO infrastructure and population health education expertise to offer relevant education on topics that matter to primary care providers, care teams, and organizations serving rural populations. Two Project ECHO programs will be offered to rural health care providers nationally, including the 19 FQHCs identified as key partners, to increase provider knowledge and self-efficacy on multiple needs identified by HRSA. During Year 1, Complex Integrated Pediatrics ECHO will focus on pediatric infectious disease, vaccine delivery, and behavioral health, and Advanced Primary Care ECHO will cover adult psychiatric care and substance use disorders.

To inform the direction of the project and to ensure the curriculum remains responsive to the needs of rural providers nationally, CHC/WI is developing a Rural Primary Care Advisory Council that will provide national and regional insights into the needs of rural primary care providers, inform the content and curriculum of the program, support the promotion of the program to other rural health providers, and help identify content experts to deliver education and mentorship in the two Project ECHO programs. The advisory council will consist of 10 diverse members with a range of expertise and geographical representation across rural-designated areas of the United States, including medical and behavioral health providers with clinical and leadership experience working with underserved populations in a rural primary care setting, administrative leadership of FQHCs, and administrative leaders at regional and national agencies with experience directing operations to identify and meet the needs of rural primary healthcare providers and their patients, such as primary care associations and professional health associations.

By the end of Year 5, CHC/WI aims to deliver five 20-session modules of Project ECHO Complex Integrated Pediatrics and 14 eight-session modules of Project ECHO Advanced Primary Care to 350 participants each, as well as conduct robust evaluation activities, disseminating findings at national conferences and through peer-reviewed publications.

Expected Outcomes:

It is anticipated that CHC/WI's two Project ECHO programs will (1) increase rural provider access to expert consultation and a community of peers, (2) improve rural provider self-efficacy in a variety of topic areas as selected for the curricula, (3) change rural provider behavior so it more closely aligns with evidence-based and promising practices, and (4) increase the provision of integrated, team-based care delivered by participating rural providers.

Throughout this five-year project, CHC/WI will employ a comprehensive mixed-methods approach to capture these and additional implementation and process, participant and learner, and service and patient outcomes. Implementation and process outcomes include the dose of intervention activities offered, such as number of sessions or total hours related to both Project ECHO programs, numbers and demographics of individuals and organizations participating in intervention activities, aggregated results of participants' expectations for and satisfaction with the intervention activities, number of continuing education credits provided, results of project implementation staff debriefings regarding fidelity to the Project ECHO model, and effectiveness of the execution of both Project ECHO programs. Participant and learner outcomes include changes in knowledge, skills, and self-efficacy; intent to change practice and actual changes in practice; feasibility of changing practice; changes in attitude as a result of engagement for each of the Project ECHO programs. Service and patient outcomes include evidence of the adoption or development of practices, programs, policies, and other activities that contribute to improvements in rural-based health services that will decrease health disparities. Measures will include self-reported changes in and sustainability of organizational policy and practice attributed to the rural health center partners' participation in one or both Project ECHO programs.

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	City:	Rockville	State:	Maryland	Zip code:	20857

New Hampshire

JSI Research & Training Institute Inc.

Grant Number:	U3IRH43507				
Organization Type:	Public health consulting organization				
Grantee Organization Information:	Name:	JSI Research & Training Institute Inc.			
	Address:	44 Farnsworth Street			
	City:	Boston	State:	Massachusetts	Zip code: 02210
	Tel #:	603-573-3300			
	Website:	www.JSI.com			
Primary Contact Information:	Name:	Rekha Sreedhara			
	Title:	Senior Consultant			
	Tel #:	603-573-3342			
	Email:	Rekha.Sreedhara@jsi.com			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if HPSA and/or MUA)	State	Organization Type	Site Type: Hub or Spoke
	JSI Research & Training Institute Inc.	Merrimack*	NH	Consulting Organization	Hub
	Kennebec Behavioral Health	Kennebec*	ME	Provider of outpatient mental health and substance abuse disorder services	Spoke
	Riverbend Mental Health/Choices Addiction Recovery Services	Merrimack*	NH	Provider of outpatient mental health and substance abuse disorder services	Spoke
	True Colors Counseling, PLLC	Cheshire*	NH	Provider of outpatient mental health and substance abuse disorder services	Spoke
	NH Department of Corrections	Coos*	NH	Other: Prison	Spoke
	Red Oak Counseling and Consultation Services, LLC	Coos*	NH	Provider of outpatient mental health and substance abuse disorder services	Spoke
	Alternative Wellness Services	York	ME	Provider of outpatient mental health and substance abuse disorder services	Spoke
	Groups Recover Together	York	ME	Provider of outpatient mental health and	Spoke

				substance abuse disorder services	
	Foundations Counseling	Hillsborough	NH	Provider of outpatient mental health and substance abuse disorder services	Spoke
	Solution Focused Therapy	Grafton*	NH	Provider of outpatient mental health and substance abuse disorder services	Spoke
	Grafton County Department of Correction	Grafton*	NH	Other: Jail	Spoke
	Greater Nashua Mental Health	Hillsborough	NH	Provider of outpatient mental health and substance abuse disorder services	Spoke
	Navigating Recovery of the Lakes Region	Belknap*	NH	Provider of outpatient mental health and substance abuse disorder services	Spoke
	Memorial Hospital	Carroll*	NH	Entities, operating clinics	Spoke
	OHI	Penobscot	ME	Other publicly funded health or social service agencies	Spoke
	Coos County Family Health Services	Coos*	NH	Community or migrant health centers or other FQHCs	Spoke
	Health First Family Care Center	Belknap*	NH	Community or migrant health centers or other FQHCs	Spoke
	Weeks Medical Center	Grafton*	NH	Entities, operating clinics	Spoke
	The Family Resource Center	Coos*	NH	Provider of outpatient mental health and substance abuse disorder services	Spoke
	Blue Heron Neurofeedback and Counseling	Carroll*	NH	Provider of outpatient mental health and substance abuse disorder services	Spoke
	Turning Point Recovery Center of Springfield	Windsor*	VT	Provider of outpatient mental health and substance abuse disorder services	Spoke

	Northern Light Acadia Healthcare	Penobscot	ME	Nonprofit hospitals, including Community Access Hospitals	Spoke
	Turning Point Center of Rutland	Rutland*	VT	Provider of outpatient mental health and substance abuse disorder services	Spoke
Target population(s) served:	Population	Yes	Population	Yes	
	Medical doctors (MDs)	<input checked="" type="checkbox"/>	Advanced practice nurses (APNs)	<input checked="" type="checkbox"/>	
	Obstetrician/Gynecologists (OB/GYNs)	<input type="checkbox"/>	Clinical nurse specialists (CNSs)	<input type="checkbox"/>	
	Nurse practitioners (NPs)	<input checked="" type="checkbox"/>	Community Health Workers (CHWs)	<input type="checkbox"/>	
	Physician assistant (PAs)	<input type="checkbox"/>	Licensed clinical social workers (LCSWs)	<input checked="" type="checkbox"/>	
	Licensed practical nurses (LPNs)	<input checked="" type="checkbox"/>	Other: Licensed alcohol and drug counselors (LADC/MLADC)	<input checked="" type="checkbox"/>	
	Registered nurses (RNs)	<input checked="" type="checkbox"/>	Other: Certified recovery support workers (CRSW)	<input checked="" type="checkbox"/>	
Focus areas of grant program: (Select top 3-5 focus areas for project)	Focus Area:	Yes	Focus Area:	Yes	
	Infectious Diseases (incl. COVID and HIV/AIDS)	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	
	Behavioral Health	<input checked="" type="checkbox"/>	Cancer	<input type="checkbox"/>	
	Substance use disorder (incl. opioids)	<input checked="" type="checkbox"/>	COPD/Asthma	<input type="checkbox"/>	
	Prenatal care	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	
	Maternal care	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
	Pediatric care (incl. specialty care)	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Telehealth/Health Information Technology System(s)	N/A				
Project Description:					
<p>The Treating Addiction in Rural Areas ECHO aims to increase participant understanding and utilization of The American Society of Addiction Medicine (ASAM) Criteria for up to 30 organizations that deliver substance use treatment, co-occurring behavioral health treatment, and recovery support services in New Hampshire, Maine, and Vermont. Participants will engage in 16 one-hour sessions during the cohort period where they will gain access to a multidisciplinary team of substance use disorder experts, utilize ongoing case-based discussions of participant-identified patients using The ASAM Criteria, and form a learning community of substance use disorder treatment professionals.</p>					
Expected Outcomes:					
<p>Based on the goal of the Treating Addiction in Rural Areas ECHO to strengthen the rural behavioral health care workforce and increase participant understanding and utilization of The ASAM Criteria, the anticipated outcomes of this ECHO program include the following:</p> <ul style="list-style-type: none"> • Improved collaboration for practice teams participating in the ECHO program • Improved knowledge and confidence related to appropriate application of The ASAM Criteria • Measured change in substance use disorder and opioid use disorder practice at the organization level as measured by nine ASAM process, contextual, and outcome measures • Improved client substance use disorder and opioid use disorder outcomes 					
Project Officer (PO) Contact Information:	Name:	Melody Williams			
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		Rockville	State:	Maryland	Zip code: 20857

Maine

Medical Care Development Inc.

Grant Number:	U3IRH43508				
Organization Type:	Non-profit 501(c)(3), Non-Governmental Organization (NGO); Public Health Institute				
Grantee Organization Information:	Name:	Medical Care Development Inc.			
	Address:	11 Parkwood Drive			
	City:	Augusta	State:	Maine	Zip code: 04330
	Tel #:	207-622-7566			
	Website:	www.MCD.org			
Primary Contact Information:	Name:	Andrew Solomon			
	Title:	Project Director, Senior Program Manager			
	Tel #:	207-622-7566			
	Email:	ASolomon@mcd.org			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if HPSA and/or MUA)	State	Organization Type	Site Type: Hub or Spoke
	University of New Hampshire	N/A	NH	University/Academic Partner	Hub
	University of New England	N/A	ME	University/Academic Partner	Hub
	University of Vermont	N/A	VT	University/Academic Partner	Hub
	Medical Care Development Inc.	N/A	ME	Program Hub	Hub
	Androscoggin Home Healthcare & Hospice	Rural	ME	Long-Term Care Provider	Spoke
	Community Nurse Connection	Rural	NH	Community Health Center	Spoke
	Granite State Independent Living	Rural	NH	Long-Term Care Provider	Spoke
	Maine Rural Health Collaborative (6 Hospitals)	Rural	ME	Nonprofit Hospital	Spoke
	New Hampshire Care Collaborative	Rural	NH	Providers of Home Health Care Services	Spoke
	Senior Solutions	Rural	VT	Area Agency on Aging	Spoke
	Target population(s) served:	Population	Yes	Population	Yes
Medical doctors (MDs)		<input checked="" type="checkbox"/>	Advanced practice nurses (APNs)	<input checked="" type="checkbox"/>	
Obstetrician/Gynecologists (OB/GYNs)		<input type="checkbox"/>	Clinical nurse specialists (CNSs)	<input type="checkbox"/>	
Nurse practitioners (NPs)		<input checked="" type="checkbox"/>	Community Health Workers (CHWs)	<input type="checkbox"/>	
Physician assistant (PAs)		<input checked="" type="checkbox"/>	Licensed clinical social workers (LCSWs)	<input checked="" type="checkbox"/>	
Licensed practical nurses (LPNs)		<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Registered nurses (RNs)		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
	Focus Area:	Yes	Focus Area:	Yes	

Focus areas of grant program: (Select top 3-5 focus areas for project)	Infectious Diseases (incl. COVID and HIV/AIDS)	<input checked="" type="checkbox"/>	Heart disease	<input type="checkbox"/>
	Behavioral Health	<input checked="" type="checkbox"/>	Cancer	<input type="checkbox"/>
	Substance use disorder (incl. opioids)	<input checked="" type="checkbox"/>	COPD/Asthma	<input type="checkbox"/>
	Prenatal care	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
	Maternal care	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pediatric care (incl. specialty care)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Videoconference collaboration tools		Online eLearning portal	

Project Description:

The Collaborative for Advancing Rural Excellence and Equity (CARE²) aims to respond to the impacts of COVID-19 on the physical and behavioral health (BH) of rural communities, including effects of “long-haul COVID” and the impacts of isolation and lack of access to BH treatment for residents with substance use disorder (SUD) and patients in home- and facility-based long-term care. CARE² will facilitate evidence-based training through Project ECHO programs, as well as collaborative training resources through an open-access, e-learning portal. Partners contributing regional expertise include four established ECHO hubs that have engaged over 1,000 health care professionals in other regional ECHO initiatives, four academic institutions with interprofessional health science programs, two academic medical centers, and the HRSA-funded Regional Telehealth Resource Center (RTRC). ECHO Hub collaborators include Medical Care Development, the University of New Hampshire, the University of New England, and the University of Vermont, who are all supported by regional subject matter experts. The program will strengthen the healthcare workforce by creating a network of interprofessional collaborators focused on improving access and outcomes for rural residents.

The CARE² region includes Maine, New Hampshire, Vermont, and New York’s North Country. This region is well-known for its rural and sometimes rugged geography and includes some of the nation’s “oldest” communities, with high rates of substance use disorder and behavioral health issues. Many of our rural communities face limited access to adequate healthcare services, in part due to ongoing workforce shortages across all healthcare disciplines. These challenges have been exacerbated by the COVID-19 pandemic. Heightened social isolation for older adults and record rates of overdose and SUD-related deaths have created an urgent need for both acute and sustainable solutions, with a workforce that continues to shrink.

In coordination with the RTRC, the Northeast Telehealth Resource Center, CARE² will include training on sustainable telehealth modalities (e.g., asynchronous electronic consults) to promote integrated collaborations between specialists and primary care, and to maintain long-term access to specialty-informed care through primary care. Through these programs, CARE² will promote a resilient health care workforce better equipped to address current and emerging needs, improve access to quality behavioral health and SUD services, and achieve health equity for older adults living with behavioral health diagnoses and/or SUD.

Current information about CARE², including opportunities to collaborate and participate, can be found at www.RuralCare2.org.

Expected Outcomes:

The CARE² program aims to (1) develop a person-centered learning community that stresses interprofessional care and emphasizes collaborative partnerships between providers and those with lived experience (patients and families); (2) deliver Project ECHO programs to rural primary care and long-term care “spoke sites” across the region to facilitate dissemination of best practices focused on addressing gaps in services for adults with behavioral health and/or substance use disorder; (3) develop accessible tools to support program planning and implementation, including an online portal with self-paced toolkits and other resources to complement live ECHO sessions and reinforce core learnings; and (4) engage students to facilitate early adoption of best practices and reduce stigma and bias in an all-teach, all-learn approach.

CARE² will implement a methodology to evaluate program outcomes with a focus on (1) identifying and expanding current and new learning community programs for improving response to emerging SARS-CoV-2 variants and BH needs among older adults, including those isolated in long-term care and those with opioid disorders and alcohol abuse; (2) identifying and addressing specific health care disparities among adults living in rural and medically underserved communities across the four-state region; and (3) implementing cost-effective learning communities to serve rural populations over time, including use of LEAN practices to promote operational efficiency and interprofessional collaboration.

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	City:		Rockville	State:	Maryland	Zip code: 20857

Oregon

Oregon Health and Science University

Grant Number:	U3IRH43509-01-01				
Organization Type:	Academic Medical Center				
Grantee Organization Information:	Name:	Oregon Health & Science University			
	Address:	3181 SW Sam Jackson Park Road			
	City:	Portland	State:	Oregon	Zip code: 97239
	Tel #:	971-219-5499			
	Website:	https://www.ohsu.edu/oregon-rural-practice-based-research-network			
Primary Contact Information:	Name:	Maggie McLain McDonnell, MPH			
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	Tel #:	971-219-5499			
	Email:	mclainma@ohsu.edu			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if HPSA and/or MUA)	State	Organization Type	Site Type: Hub or Spoke
	CHI St. Anthony Hospital	Umatilla*	OR	Critical Access Hospital	Spoke
	St. Luke's Eastern Oregon Medical Associates	Baker*	OR	Rural Health Clinic	Spoke
	One Community Health	Hood*	OR	Federally Qualified Health Center	Spoke
	Hood River County Public Health	Hood *	OR	Public Health Department	Spoke
	North Central Public Health	Wasco*, Gilliam*, Sherman*	OR	Public Health Department	Spoke
	Baker County Public Health	Baker*	OR	Public Health Department	Spoke
	Umatilla County Public Health	Umatilla*	OR	Public Health Department	Spoke
Target population(s) served:	Population	Yes	Population	Yes	
	Medical doctors (MDs)	<input checked="" type="checkbox"/>	Advanced practice nurses (APNs)	<input type="checkbox"/>	
	Obstetrician/Gynecologists (OB/GYNs)	<input type="checkbox"/>	Clinical nurse specialists (CNSs)	<input type="checkbox"/>	
	Nurse practitioners (NPs)	<input checked="" type="checkbox"/>	Community Health Workers (CHWs)	<input checked="" type="checkbox"/>	
	Physician assistant (PAs)	<input checked="" type="checkbox"/>	Licensed clinical social workers (LCSWs)	<input checked="" type="checkbox"/>	
	Licensed practical nurses (LPNs)	<input checked="" type="checkbox"/>	Other: Pharmacists	<input checked="" type="checkbox"/>	
	Registered nurses (RNs)	<input checked="" type="checkbox"/>	Other: Quality Improvement Specialists	<input checked="" type="checkbox"/>	
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes	
	Infectious Diseases (incl. COVID and HIV/AIDS)	<input checked="" type="checkbox"/>	Heart disease	<input type="checkbox"/>	
	Behavioral Health	<input checked="" type="checkbox"/>	Cancer	<input type="checkbox"/>	
	Substance use disorder (incl. opioids)	<input type="checkbox"/>	COPD/Asthma	<input type="checkbox"/>	
	Prenatal care	<input type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>	
	Maternal care	<input type="checkbox"/>	Other:	<input type="checkbox"/>	

	Pediatric care (incl. specialty care)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Zoom videoconferencing platform			

Project Description:

The Health Equity, Access and Quality Improvement using Project ECHO in Rural Oregon (HEAL-OR) has four primary objectives. Objective 1 is to create a Rural Advisory Panel (RAP) composed of primary care, behavioral health, and public health clinicians from the spoke sites. Primary care clinicians, behavioral health clinicians, and public health professionals on the RAP will be joined by community partners from Familias en Acción, a Latino health care group; Oregon Primary Care Association (OPCA), a membership group of FQHCs; and the Oregon Office of Rural Health (ORH). Objective 2 is to utilize the Project ECHO (Extension for Community Healthcare Outcomes) learning community model to improve health equity, access, and quality in rural Oregon by creating a technology-enabled learning community partnership with spoke sites in six rural counties. The RAP will assist the Oregon ECHO Network in creating three fixed-length ECHO programs. These programs will address three clinical focus areas (infectious disease and public health (long COVID in Year 1), behavioral health, and diabetes) and will be offered yearly. Objective 3 is to partner with coordinated care organizations (CCOs, Medicaid Accountable Care Organizations) to guide the ECHO programs to have an increased focus on health equity, accurately address the needs of rural patients, and incorporate applicable Medicaid incentive metrics. Objective 4 is to create a toolkit that describes best practices for creating community-involved, fixed-length ECHO programs in rural communities.

The HEAL-OR project has seven spoke sites in six rural and frontier counties participating in the program. The six focus counties have a combined population of 155,000 over 8,800 square miles. Each of the six counties in the service area has Primary Care, Dental, and Mental Health Professional Shortage Areas, as well as medically underserved areas. The Latino population is increasing in the rural counties included in the service area, and they are disproportionately impacted by COVID-19 and diabetes. These rural spokes were chosen because they represent areas in our state that either have had limited participation in previous ECHO programs, serve a significant Latino population, or both. Clinicians at these rural spoke sites have committed to serving on a RAP that will inform and assist the Oregon ECHO Network (OEN) in creating ECHO learning community programs that will address three target health needs.

The HEAL-OR project builds on existing ECHO programs and infrastructure of OEN and its four-year history of creating and running ECHO programs with diverse clinical participants from every region of Oregon, including from all rural and frontier counties in the state.

Expected Outcomes:

The overall goal of the HEAL-OR project is to increase the quality of health care, as measured by existing incentive metrics for diabetes and mental health, and as a result increase confidence and comfort of clinicians to care for complex primary care patients in their own practices, thus improving access to care for many rural Oregonians. While initially focusing these learning communities in rural spoke sites in the six rural counties, the hope is to have an impact on rural health care across Oregon, as additional rural primary care clinicians join the ECHO learning community programs. Over the five-year project, the estimate is that these learning community programs will impact at least 100 clinicians in the service area and an additional 100 throughout rural Oregon.

Below are the outcomes specifically related to the project objectives:

1. **Create and implement Rural Advisory Panel.** Within six months of starting the project, the team will create and implement quarterly Rural Advisory Panel meetings that will inform the creation of the HEAL-OR ECHO programs. The RAP members will become champions for the ECHO programs in their communities and participate in the programs. Over time, select RAP members will transition to become ECHO faculty members. The RAP will lead to stronger multisectoral relationships between rural clinicians, OEN staff, and ECHO faculty, resulting in ECHO programs grounded in rural health realities that will help us achieve our overall goal to improve equity, access, and quality in rural health care.
2. **Create and implement three fixed-length ECHO learning community programs each year.** Three ECHO programs will be offered each year (infectious disease/public health, behavioral health, and diabetes). These programs will be grounded in the latest evidence and have a multidisciplinary faculty of experts from across the state. The programs will incorporate input from the RAP members based on their experiences of living and working in rural communities.
3. **Partner with Coordinated Care Organizations (Medicaid organizations) to include incentive metrics in ECHO. Incentive metric information will be included in each ECHO program.** The hope is that practices in the service area that participated in the ECHO programs will have improvement in their quality-incentive metrics.

4. **Create a best-practices toolkit for other organizations.** The project team will complete a robust evaluation of the ECHO programs, RAP participation, and participation levels by spoke sites and practices in the service area. In addition, ongoing project quality improvement will occur throughout the project, and changes will be documented. All project components will be collated into a best-practices toolkit designed to share project components that lead to project success or failure.

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	City:	Rockville	State:	Maryland	Zip code:	20857	

Massachusetts

President and Fellows of Harvard College

Grant Number:	U3IRH43510				
Organization Type:	University				
Grantee Organization Information:	Name:	President and Fellows of Harvard College			
	Address:	635 Huntington Ave., 2nd Floor			
	City:	Boston	State:	Massachusetts	Zip code: 02115
	Tel #:	617-432-2222			
	Website:	https://primarycare.hms.harvard.edu/			
Primary Contact Information:	Name:	David B. Duong, MD, MPH			
	Title:	Director, Primary Care Equity, Access and Advocacy, Center for Primary Care, Harvard Medical School			
	Tel #:	617-432-2222			
	Email:	david_duong@hms.harvard.edu			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if HPSA and/or MUA)	State	Organization Type	Site Type: Hub or Spoke
	Harvard Medical School – Center for Primary Care	Suffolk County	MA	Higher Education	Hub
	ARCare - 10	Woodruff County	AR	FQHC	Spoke
	ARCare - 50	Woodruff County	AR	FQHC	Spoke
	ARCare - 120	Woodruff County	AR	FQHC	Spoke
	ARCare - 16	White County	AR	FQHC	Spoke
	ARCare - 100	Izard County	AR	FQHC	Spoke
	ARCare - 60	Cross County	AR	FQHC	Spoke
	Chickasaw Nation Medical Center	Pontotoc County	OK	Tribal Health Center	Spoke
	Chickasaw Nation - Ardmore Health Clinic	Carter County	OK	Tribal Health Center	Spoke
	Chickasaw Nation - Tshomingo Health Clinic	Johnson County	OK	Tribal Health Center	Spoke
	Minnie Hamilton Healthcare Center	Calhoun County	WV	Rural Health Clinic	Spoke
	Minnie Hamilton Healthcare Center	Gilmer County	WV	FQHC	Spoke
	Target population(s) served:	Population	Yes	Population	Yes
Medical doctors (MDs)		<input checked="" type="checkbox"/>	Advanced practice nurses (APNs)	<input checked="" type="checkbox"/>	
Obstetrician/Gynecologists (OB/GYNs)		<input type="checkbox"/>	Clinical nurse specialists (CNSs)	<input checked="" type="checkbox"/>	
Nurse practitioners (NPs)		<input checked="" type="checkbox"/>	Community Health Workers (CHWs)	<input checked="" type="checkbox"/>	
Physician assistant (PAs)		<input checked="" type="checkbox"/>	Licensed clinical social workers (LCSWs)	<input checked="" type="checkbox"/>	
Licensed practical nurses (LPNs)		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
Registered nurses (RNs)		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes	
	Infectious Diseases (incl. COVID and HIV/AIDS)	<input checked="" type="checkbox"/>	Heart disease	<input checked="" type="checkbox"/>	

	Behavioral Health	<input checked="" type="checkbox"/>	Cancer	<input type="checkbox"/>
	Substance use disorder (incl. opioids)	<input checked="" type="checkbox"/>	COPD/Asthma	<input checked="" type="checkbox"/>
	Prenatal care	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
	Maternal care	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pediatric care (incl. specialty care)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Canvas Learning Management		Zoom video communications	

Project Description:

Through the Telehealth Technology-Enabled Learning Program (TTELP), the Harvard Medical School (HMS) — Center for Primary Care (CPC) will serve as a “hub” and will partner with three rural health care “spoke sites,” including ARcare (in Arkansas, Kentucky, and Mississippi), the Chickasaw Nation (in Oklahoma), and Minnie Hamilton Health System (West Virginia). Together, the hub-and-spoke sites will implement an ECHO Plus (ECHO+) model at 11 clinic sites across these states with a goal of expanding this work to other partner site locations. The target population for this initiative is rural residents within the partners’ service areas (all of which are health professional shortage areas). This project is called Technology Enabled Education for Community Health (TEECH).

Project ECHO uses ongoing tele-mentoring to equip primary care practitioners in rural areas with the knowledge they need to provide high-quality specialty care. The HMS CPC ECHO+ model amalgamates existing components of this paradigm, such as case conferencing and tele-learning and tele-mentoring with new methods, such as continuing medical education certificate courses in specific diseases and conditions (infectious disease — COVID-19 “long-haulers” and chronic diseases, such as chronic lung and cardiovascular diseases), as well as enhanced networking. The model will also include learning communities to enable primary care providers (PCPs) to partner with team members to leverage quality-improvement principles to develop and test processes for improved patient outcomes. During the first year of the project, PCPs will be recruited from the spoke sites for enrollment in the TEECH. In Year 1, PCPs will participate in a longitudinal certificate course on COVID-19 long-haulers taught by cardiologists, pulmonologists, infectious diseases doctors, and a mental health provider. During this time, PCPs also will be attending active case conferences for tele-mentoring sessions. At the end of Year 1, PCPs will join a learning community to bolster their knowledge, competency, and confidence in treating specific patients. Additionally, networking opportunities with HMS-affiliated specialists and other PCPs at spoke sites will be created. In Year 2, PCPs will undertake additional certificate courses. In Year 3, HMS CPC will begin using a train-the-trainer model with spoke sites, teaching PCPs how to mentor and share knowledge. This component will allow PCPs to become content experts and create minihubs to teach others about COVID-19 long-haulers and specific chronic diseases.

Expected Outcomes:

Goal 1: Based on the ECHO model, connect tribal and rural PCPs at spoke sites in Arkansas, Oklahoma, and West Virginia to specialists at HMS to provide evidence-based training and support (e.g., tele-mentoring, webinars, and certificate training courses) to assist in treating those with infectious diseases such as COVID-19 long-haulers and patients with chronic diseases (such as chronic lung and cardiovascular diseases).

Goal 2: Design curriculum and implement a learning community with a focus on a collaborative care approach to infectious diseases such as COVID-19 long-haulers and chronic diseases.

Goal 3: Sustain program participation and build rural site capacity over five years.

Goal 4: Evaluate the impact of the TTELP on rural PCPs and patient outcomes.

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	City:	Rockville	State:	Maryland	Zip code: 20857

Puerto Rico

Puerto Rico Science, Technology, & Research Trust

Grant Number:	U31RH43511				
Organization Type:	Non-Government Organization (NGO)				
Grantee Organization Information:	Name:	Puerto Rico Science Technology & Research Trust			
	Address:	105 Carr. #21, Km. 08, Bo. Monacillos			
	City:	San Juan	State:	Puerto Rico	Zip code: 00927
	Tel #:	787-210-5093			
	Website:	info@prsciencetrust.org			
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	Title:	Disaster and Emergency Response and Telemedicine Director			
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Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if HPSA and/or MUA)	State	Organization Type	Site Type: Hub or Spoke
	Universidad Central del Caribe	Puerto Rico	PR	Academic Medical Center	Hub
	PR Public Health Trust	Puerto Rico	PR	NGO with subject matter experts	Hub
	ARSE, Humacao	Humacao*	PR	Independent Practice Group	Spoke
	Instituto Médico Familiar	Canóvanas*	PR	Independent Practice Group	Spoke
	Centro de Servicios Medicos Integrados	Bayamón*	PR	Independent Practice Group	Spoke
	Integrated Health Services	Guaynabo*	PR	Independent Practice Group	Spoke
	Policlinicas Las Américas	Ponce*	PR	Independent Practice Group	Spoke
	Centro de Servicios Médicos Levitown	Toa Baja*	PR	Independent Practice Group	Spoke
	Centro San Cristobal	Villalba*	PR	Independent Practice Group	Spoke
	Redes del Sureste	Coamo*	PR	Independent Practice Group	Spoke
	Grupo Médico San Gerardo	Trujillo Alto*	PR	Independent Practice Group	Spoke
	Access Medical Group	Toa Alta*	PR	Independent Practice Group	Spoke
	Policlinica Castañer	Jayuya*	PR	FQHC	Spoke
	Policlinica Castañer	Adjuntas*	PR	FQHC	Spoke
	Costa Salud Community Health	Rincón*	PR	FQHC	Spoke
	Costa Salud Community Health	Moca*	PR	FQHC	Spoke
	Centro Salud Familiar	Arroyo*	PR	FQHC	Spoke
	Centro Salud Familiar	Guayama*	PR	FQHC	Spoke

Migrant Health Center	Las Marias*	PR	FQHC	Spoke
Migrant Health Center	Guanica*	PR	FQHC	Spoke
Migrant Health Center	Maricao*	PR	FQHC	Spoke
Migrant Health Center	Isabela*	PR	FQHC	Spoke
Migrant Health Center	Yauco*	PR	FQHC	Spoke
Health Promed	Vieques*	PR	FQHC	Spoke
Health Promed	Culebra*	PR	FQHC	Spoke
Camuy Health Services	Camuy*	PR	FQHC	Spoke
Centro Integrado Servicios de Salud	Lares*	PR	FQHC	Spoke
Salud Integral de la Montaña	Orocovis	PR	FQHC	Spoke
Prymed	Vega Baja*	PR	FQHC	Spoke
Cemntro Salud Familiar Susana Centeno	Vieques*	PR	FQHC	Spoke
Asomante Medical Group	Aibonito*	PR	Independent Practice Group	Spoke
PHM MultiSalud	Aguadilla*	PR	Independent Practice Group	Spoke
PHM MultiSalud	Guayama*	PR	Independent Practice Group	Spoke
QAM Anchor Health	Bayamón*	PR	Independent Practice Group	Spoke
Familiy Medicine Group	Carolina*	PR	Independent Practice Group	Spoke
Fajardo Group Practice	Fajardo*	PR	Independent Practice Group	Spoke
CIMA	Isabela*	PR	Independent Practice Group	Spoke
Grupo Unido Médicos del Este	Humacao*	PR	Independent Practice Group	Spoke
Access Medical Group	Manatí*	PR	Independent Practice Group	Spoke
Hostos Medical Group	Mayaguez*	PR	Independent Practice Group	Spoke
Ponce Advanced Medical Group	Ponce*	PR	Independent Practice Group	Spoke
Grupo Médico Omega	San Germán*	PR	Independent Practice Group	Spoke
Costa Este Medical Services	Fajardo*	PR	Independent Practice Group	Spoke
Inst. Mis Queridos Viejos	Arecibo	PR	Nursing Home	Spoke
Hogar de Anciano Jardin del Eden	Lajas	PR	Nursing Home	Spoke
Inst. Un Nuevo Amanecer, Inc.	Canovanas	PR	Nursing Home	Spoke
Inst. Montebello Home Care	Coamo	PR	Nursing Home	Spoke
Inst. Omarys	Arecibo	PR	Nursing Home	Spoke
Inst. Paraiso Dorado, L.L.C.	Dorado	PR	Nursing Home	Spoke
Inst. Logos & Rhema El Hogar Inc.	Las Piedras	PR	Nursing Home	Spoke
Hogar La Edad Dorada Corporacion	Mayaguez	PR	Nursing Home	Spoke
Inst. Hogar Jasmine Corp.	Camuy	PR	Nursing Home	Spoke
Inst. El Refugio De Mis Abuelos	Gurabo	PR	Nursing Home	Spoke

	Inst. Centro De ENVEJECIENTES EMANUEL, INC	Moca	PR	Nursing Home	Spoke
	Grown Ups	Bayamón	PR	Nursing Home	Spoke
	B&M Caring Associates DBA Hogar El Flamboyán	Caguas	PR	Nursing Home	Spoke
	Bio Nova Home	Caguas	PR	Nursing Home	Spoke
	Hogar Sustituto Vivencias Del Ayer	Mayaguez	PR	Nursing Home	Spoke
	GOLDEN AGE GARDEN INC.	Fajardo	PR	Nursing Home	Spoke
	INST. SAN ISIDRO	Sabana Grande	PR	Nursing Home	Spoke
	HOGAR ILENER DECLET ROSA INC.	Bayamon	PR	Nursing Home	Spoke
	LOVE & CARE NURSING HOME INC.	Aguada	PR	Nursing Home	Spoke
	INST. EMMANUEL AGING CENTER	Camuy	PR	Nursing Home	Spoke
	INST. CASA MONTE AMOR	Isabela	PR	Nursing Home	Spoke
	INST. HOGAR MARIA DE ISABELA, INC.	Isabela	PR	Nursing Home	Spoke
	INSTITUCION DE ENVEJECIENTES CASA MIRTA I, INC.	Juana Diaz	PR	Nursing Home	Spoke
	INST. HOGAR TU FAMILIA, INC.	San Juan	PR	Nursing Home	Spoke
	INSTITUCION DE ANCIANOS SAN MARTIN DE PORRES, INC.	Utuado	PR	Nursing Home	Spoke
	INST LOVE & CARE CMF INC	Aguada	PR	Nursing Home	Spoke
	INST. LOVE & CARE INC	Aguada	PR	Nursing Home	Spoke
	Hogar mi rincon de paz	San Juan	PR	Nursing Home	Spoke
	Hogar Kingston Inc (Calle PUERTO PRINCIPE)	San Juan	PR	Nursing Home	Spoke
	HOGAR SUSTITUTO HOGAR MARGARITA	Toa Baja	PR	Nursing Home	Spoke
	Hogar Dynasty	Isabela	PR	Nursing Home	Spoke
	INST. HOGAR PARAISO ESCONDIDO INC.	San Sebastián	PR	Nursing Home	Spoke
	CUIDO DE ENVEJECIENTES SENDEROS DE AMOR, INC.	San Sebastián	PR	Nursing Home	Spoke
	La Posada De Mi Viejo	Aguadilla	PR	Nursing Home	Spoke
	CENTRO DE ENVEJECIENTES E INCAPACITADOS HOGAR REMANSO DE PAZ CORP.	Jayuya	PR	Nursing Home	Spoke
	Institucion Hogar Manantial De Vida	San Juan	PR	Nursing Home	Spoke
	Hogar Kingston I Inc (Calle Kingston)	San Juan	PR	Nursing Home	Spoke
	CENTRO DE ENVEJECIENTES EL SHADDAI INCORPORADO	Lares	PR	Nursing Home	Spoke
	Inst. Union Living Home, Inc.	Luquillo	PR	Nursing Home	Spoke
	Hs Rosa De Amor Caregiver Inc	San Juan	PR	Nursing Home	Spoke

Inst. Refugio De Amor	Arecibo	PR	Nursing Home	Spoke
Inst. Retoños Nursing Home	Isabela	PR	Nursing Home	Spoke
SANTA MARÍA HOUSING 121 LLC	San Juan	PR	Nursing Home	Spoke
Inst. Life Goodies inc / DBA Golden Age Care	San Juan	PR	Nursing Home	Spoke
MI AMAR SKILLED NURSING HOME LLC	Arecibo	PR	Nursing Home	Spoke
Inst. Jovenes Del Ayer	Coamo	PR	Nursing Home	Spoke
Inst. La Misericordia Inc.	Adjuntas	PR	Nursing Home	Spoke
Inst. Hogar Sagrado Corazón	San German	PR	Nursing Home	Spoke
Inst. Hogar San Marcos I De Mayaguez, Inc.	Mayaguez	PR	Nursing Home	Spoke
Inst. Hogar San Marcos II De Mayaguez Inc.	San German	PR	Nursing Home	Spoke
Inst. Hogar Real Inc	Ponce	PR	Nursing Home	Spoke
HOGAR MI DIVINO TESORO INC.	Caguas	PR	Nursing Home	Spoke
Inst. Hogar Mis Viejitos	Las Maria	PR	Nursing Home	Spoke
Inst. Hogar La Montaña, Inc.	San Juan	PR	Nursing Home	Spoke
Inst. Hogar Hacienda Santa Teresita	Las Marias	PR	Nursing Home	Spoke
Inst. Hogar Geriatrico Carmen Rita Inc.	Bayamon	PR	Nursing Home	Spoke
Inst. Hogar Delia María, Inc	Trujillo Alto	PR	Nursing Home	Spoke
INST. HOGAR DE ENVEJECIENTES ESTANCIAS DOS BOCAS	Vega Baja	PR	Nursing Home	Spoke
INST. HOGAR DE ENVEJECIENTES MARIDEL, CORP. / HOGAR SHALOM	San Juan	PR	Nursing Home	Spoke
INST. GRANDMOTHER HOME AND CARE	Yauco	PR	Nursing Home	Spoke
INST. HACIENDA BELLO AMANECER	Caguas	PR	Nursing Home	Spoke
INST. ESPERANZA, INC.	San Juan	PR	Nursing Home	Spoke
FLORAL PARK ELDERLY HOME, INC.	Guayama	PR	Nursing Home	Spoke
INST. GOLDIES CARE - WILLNESS CENTER	San Lorenzo	PR	Nursing Home	Spoke
INST. ELDERLY ACTIVE HOME INC.	Aguadilla	PR	Nursing Home	Spoke
INST. CENTRO INTEGRAL BELMAR, INC.	San Juan	PR	Nursing Home	Spoke
INST. DORIS HOME II CARE	Arecibo	PR	Nursing Home	Spoke
INST. BUENA VIDA (ARECIBO)	Las Marias	PR	Nursing Home	Spoke
INST. CARMEN RITA II	San Juan	PR	Nursing Home	Spoke
INST. LOS LIRIOS II	Arroyo	PR	Nursing Home	Spoke
INST. AMOR EN CRISTO	Añasco	PR	Nursing Home	Spoke
HOGAR MI ÉPOCA DORADA	Yabucoa	PR	Nursing Home	Spoke
INST. CASA DORADA EN HONOR A BIENVENIDA	Arecibo	PR	Nursing Home	Spoke

SUSTACHE (OPAPI Casa Dorada Yabucoa)				
HOGAR GABY	Gurabo	PR	Nursing Home	Spoke
INST. DORIS HOME CORP	Yauco	PR	Nursing Home	Spoke
Hogar Caminando Juntos	Isabela	PR	Nursing Home	Spoke
Centro De Envejecientes Destellos De Luz	Morovis	PR	Nursing Home	Spoke
HOGAR SUSTITUTO DEL CARMEN	San Juan	PR	Nursing Home	Spoke
Hs Abuelitos Home Service	Cidra	PR	Nursing Home	Spoke
Inst. Kasa Pura Vida Corp.	Rio Grande	PR	Nursing Home	Spoke
Inst. Hogar De Luz, Inc.	Arecibo	PR	Nursing Home	Spoke
INST. ELDERLY ACTIVE HOME II, INC.	Bayamon	PR	Nursing Home	Spoke
INST. DULCE HOGAR EBENEZER	Vega Alta	PR	Nursing Home	Spoke
INST. CASA AZAREEL	Arroyo	PR	Nursing Home	Spoke
INST. HOGAR SUEÑOS DE ESPERANZA	Canovanas	PR	Nursing Home	Spoke
Hogar Regalo de Dios	Gurabo	PR	Nursing Home	Spoke
CABECITAS BLANCAS ELDERLY HOME LLC	Caguas	PR	Nursing Home	Spoke
Hogar Loma San Agustín	San Juan	PR	Nursing Home	Spoke
Hogar Casa Feliz	Bayamón	PR	Nursing Home	Spoke
Insignia Parkville LLC	Guaynabo	PR	Nursing Home	Spoke
Insignia Living of P.R., Inc. (Insignia Caparra an Insignia Senior Living Community)	Bayamón	PR	Nursing Home	Spoke
Insignia Living of P.R., Inc. (Villa Serena an Insignia Senior Living Community)	Guaynabo	PR	Nursing Home	Spoke
Tamara Home Care, Inc.	San Juan	PR	Nursing Home	Spoke
Insignia Living of P.R., Inc. (The Residence an Insignia Senior Living Community)	San Juan	PR	Nursing Home	Spoke
Insignia Living of P. R., Inc. (Miramar Living an Insignia Senior Living Community)	San Juan	PR	Nursing Home	Spoke
Hogar Esperanza Unida, Inc.	Ponce	PR	Nursing Home	Spoke
Hogar Mi Casa en el Campo, Inc Mi hogar DBA	Caguas	PR	Nursing Home	Spoke
Hogar Esperanza de Amor INC.	Carolina	PR	Nursing Home	Spoke
Hogar Esperanza de Amor II INC.	Carolina	PR	Nursing Home	Spoke
Estancia Dorada, Corp.	Caguas	PR	Nursing Home	Spoke
Fundación Geriátrica Casa de Campo, Inc.	Caguas	PR	Nursing Home	Spoke
Hogar Casa Linda	Mayaguez	PR	Nursing Home	Spoke
Hogar Némesis Inc.	San Sebastian	PR	Nursing Home	Spoke
Hogar Villa Paz Inc.	Corozal	PR	Nursing Home	Spoke
Centro Geriatrico Puesta de Sol Inc.	San Sebastian	PR	Nursing Home	Spoke
Clamor al Amor, Inc.	Juana Díaz	PR	Nursing Home	Spoke

	Centro de Envejecientes San Andrés, Inc.	Villalba	PR	Nursing Home	Spoke
	Institución de Envejecientes Sueño Real Inc.	Juana Díaz	PR	Nursing Home	Spoke
	Égida e Institución el Paraíso	San Juan	PR	Nursing Home	Spoke
	Inst. Hogar Ciriaco Sancha	Aguadilla	PR	Nursing Home	Spoke
	Hogar Mi Buen Pastor	San Lorenzo	PR	Nursing Home	Spoke
	Hogar Villa Remanso	Cayey	PR	Nursing Home	Spoke
	Hogar Inmenso Amor, Inc.	San Juan	PR	Nursing Home	Spoke
	Hogar de la Edad Dorada Abuelo Gino LLC	San Juan	PR	Nursing Home	Spoke
	Hogar Providencia Marquéz	San Juan	PR	Nursing Home	Spoke
	Hogar Etapas *	San Juan	PR	Nursing Home	Spoke
	Hogar Hacienda La Cruz M.E. Inc.	Carolina	PR	Nursing Home	Spoke
	Institución Casa Dorada	Las Piedras	PR	Nursing Home	Spoke
	Costa Linda Senior Resort Inc	Arecibo	PR	Nursing Home	Spoke
	Hogar Mileus, Inc.	Cidra	PR	Nursing Home	Spoke
	Angel Elderly Care Services, Inc. (Hogar Ciudad Dorada)	Utua	PR	Nursing Home	Spoke
	Johanna Melendez Institución De Jesús Meléndez INC.	Río Grande	PR	Nursing Home	Spoke
	Zalich Elderly Corp.	Salinas	PR	Nursing Home	Spoke
	Hogar Brisas del Mar, Inc (Bo. Guardaraya)	Patillas	PR	Nursing Home	Spoke
	Hogar Brisas del Mar, Inc 2 (Bo. Los Pollos)	Patillas	PR	Nursing Home	Spoke
	Hogar Nuestro Terruño Dorado, Inc	Humacao	PR	Nursing Home	Spoke
	Casa Victoria de los Angeles Inc.	Guayama	PR	Nursing Home	Spoke
	Office 360 LLC (Caguas Senior Living)	Caguas	PR	Nursing Home	Spoke
	Baudilio & Carmela's Home Care, Inc	Villalba	PR	Nursing Home	Spoke
	Casa Hogar Victoria, Inc.	San Juan	PR	Nursing Home	Spoke
	Hogar Victoria de los Angeles	Florida	PR	Nursing Home	Spoke
	Dorado Living Home	Dorado	PR	Nursing Home	Spoke
Target population(s) served:	Population	Yes	PR Population		Yes
	Medical doctors (MDs)	<input checked="" type="checkbox"/>	Advanced practice nurses (APNs)		<input checked="" type="checkbox"/>
	Obstetrician/Gynecologists	<input type="checkbox"/>	Clinical nurse specialists (CNSs)		<input checked="" type="checkbox"/>
	Nurse practitioners (NPs)	<input type="checkbox"/>	Community Health Workers (CHWs)		<input checked="" type="checkbox"/>
	Physician assistant (PAs)	<input type="checkbox"/>	Licensed clinical social workers (LCSWs)		<input checked="" type="checkbox"/>
	Licensed practical nurses (LPNs)	<input checked="" type="checkbox"/>	Other: Nursing Home Administrator/Clinical Staff		<input checked="" type="checkbox"/>
	Registered nurses (RNs)	<input checked="" type="checkbox"/>	Other: General Practitioners		<input checked="" type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:		Yes
	Infectious Diseases (incl. COVID and HIV/AIDS)	<input checked="" type="checkbox"/>	Heart disease		<input checked="" type="checkbox"/>
	Behavioral Health	<input type="checkbox"/>	Cancer		<input type="checkbox"/>
	Substance use disorder (incl. opioids)	<input checked="" type="checkbox"/>	COPD/Asthma		<input checked="" type="checkbox"/>
	Prenatal care	<input type="checkbox"/>	Diabetes		<input checked="" type="checkbox"/>

	Maternal care	<input type="checkbox"/>	Other: Neurology conditions	<input checked="" type="checkbox"/>
	Pediatric care (incl. specialty care)	<input type="checkbox"/>	Other: Rheumatology conditions	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s)	Globalmed Telemedicine platform	Applivio		
	Plug and play peripherals for telemedicine			

Project Description:

In Puerto Rico, access to specialty care is scarce. The turnaround time from the primary care physician (PCP) consultation and referral to a specialist evaluation represents an average of 120 to 160 days of waiting time. Delayed access to care is no access; timely evaluation, early detection and adequate treatment will certainly avoid disease sequelae, complications, and premature death. The Division of Disasters and Emergency Response and Telemedicine will implement the ECHO (Extension for Community Health Outcomes) Modality to connect specialists from areas determined by a needs assessment to providers, staff and administrators of health care clinics (45) and nursing homes (132) in rural or underserved areas of Puerto Rico. As part of this project, we will work to engage the physician specialists and the network of primary care providers to embrace telemedicine technology and ECHO approach to improve quality of care of clinic patients and nursing homes residents. Specialists (experts in various topics) are participating from the School of Medicine from the Universidad Central del Caribe, Municipality of Bayamon, and Ponce Health Sciences University.

Approximately 4-5 ECHO Series are scheduled per year, and the same group of spoke sites will be invited to participate in each series. In year one, Prolonged COVID19 and Complications series was conducted. In year one Opioids and Substance Abuse Addiction Series began and it was completed in year two. Also planned for year two are Chronic Disease Management, Treatment and Care series, Diabetes series, Leptospirosis series and How to Use Telemedicine to Improve Health Outcomes series. Our team has been trained and certified in the ECHO Immersion Program offered by University of New Mexico. All hub and spoke participant data will be uploaded into iECHO, evaluation surveys (knowledge, behavior change, participant satisfaction and implications for practice and patient outcomes) will be performed, and metrics will be shared with TTELP Evaluators. The data will be used to help the PRPHT Team improve constantly. Recruitment strategies will be developed to enhance participation of a cohort in each session of the entire series.

The Telehealth Technology-Enabled Learning Program (TTELP) opportunity will strengthen the ongoing relationship with health clinics and nursing homes that are receiving telemedicine equipment along with training and capacity building to begin to use the telemedicine equipment. The TTELP initiative will provide a connection to specialists through the ECHO offerings and increase evidence-based training and support to help health clinics and nursing homes care for patients and residents with complex medical conditions. In addition to the 5 ECHO Series (year 2), the TTELP Team will offer a help line, technical assistance, and capacity building for participating clinics and nursing homes to support their use of telemedicine, access to specialists and continued participation in training opportunities like the ECHOs and online, on-demand content and support for physicians who would like to be trained and certified in telemedicine in Puerto Rico.

In year one a basic needs assessment was done using ASSESS Data (2019-2021) from Puerto Rico Medicare and Medicaid data. The top ten diagnostic codes were for all claims were: hypertension, human immune deficiency virus, heart disease, hypothyroidism, back pain, major depressive disorder, severe major depressive disorder, health services encounter, type 2 diabetes, and type 2 diabetes with complications.

The PRPHT ECHO Team, in collaboration with the Universidad Central del Caribe, Municipality of Bayamon Diabetes Center and the Ponce Health Sciences University, will allow for the hubs to provide training and facilitate the dissemination of best practices in specialty care to primary care providers and nursing home clinical staff working at the participating health care facilities and nursing homes.

Expected Outcomes:

The Puerto Rico Science, Technology & Research Trust expects to achieve the following outcomes:

1. To connect academic specialists with primary care physicians in participating health facilities and nursing homes.
2. To complete collaborative agreements with clinics to participate in the TTELP program.

3. To connect academic specialists with primary care physicians in participating health facilities and nursing homes.
4. To complete collaborative agreements with clinics to participate in the TTELP program.
5. To create evidence-based content on “long COVID,” “addiction,” “chronic disease management and treatment,” “diabetes,” “leptospirosis” and “use of telemedicine clinics to improve health outcomes” and make this content available in the online resource center during year two. Repeating this approach in subsequent years, but selecting topics based upon needs assessments with participants.
6. To develop a registry of physicians interested in telemedicine and ECHO modality and support their certification in use of telemedicine in Puerto Rico. The registry will be used to connect specialist providers with patients. To support training of tele-presenters in clinics and nursing homes.
7. To foster the TTELP project at each health clinic and nursing home site, demonstrated by continued participation of stakeholders.

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Kansas

University of Kansas Medical Center Research Institute, Inc.

Grant Number:	U3IRH43512				
Organization Type:	University				
Grantee Organization Information:	Name:	University of Kansas Medical Center Research Institute, Inc.			
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	City:	Kansas City	State:	Kansas	Zip code: 66160
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	Title:	Principal Investigator			
	Tel #:	913-707-1494			
	Email:	enelson2@kumc.edu			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if HPSA and/or MUA)	State	Organization Type	Site Type: Hub or Spoke
	University of Kansas Medical Center	Wyandotte*	KS	Academic medical center	Hub
	Coffeyville USD 445	Montgomery*	KS	School district	Spoke
	Community Health Center of Southeast Kansas (CHCSEK)	Allen*, Bourbon*, Crawford*, Cherokee*, Labette*, Montgomery*	KS	Federally Qualified Health Center	Spoke
Target population(s) served:	Population		Yes	Population	
	Medical doctors (MDs)		<input checked="" type="checkbox"/>	Advanced practice nurses (APNs)	
	Obstetrician/Gynecologists (OB/GYNs)		<input checked="" type="checkbox"/>	Clinical nurse specialists (CNSs)	
	Nurse practitioners (NPs)		<input checked="" type="checkbox"/>	Community Health Workers (CHWs)	
	Physician assistant (PAs)		<input checked="" type="checkbox"/>	Licensed clinical social workers (LCSWs)	
	Licensed practical nurses (LPNs)		<input checked="" type="checkbox"/>	Other:	
	Registered nurses (RNs)		<input checked="" type="checkbox"/>	Other:	
Focus areas of grant program: (Select top 3-5 focus areas for project)	Focus Area:		Yes	Focus Area:	
	Infectious Diseases (incl. COVID and HIV/AIDS)		<input type="checkbox"/>	Heart disease	
	Behavioral Health		<input checked="" type="checkbox"/>	Cancer	
	Substance use disorder (incl. opioids)		<input type="checkbox"/>	COPD/Asthma	
	Prenatal care		<input type="checkbox"/>	Diabetes	
	Maternal care		<input type="checkbox"/>	Other:	
	Pediatric care (incl. specialty care)		<input checked="" type="checkbox"/>	Other:	
Telehealth/Health Information Technology System(s)	Zoom				

Project Description:

Leveraging long-standing relationships from the Telehealth ROCKS pediatric tele-behavioral health network, the Telehealth ROCKS Together (THRT) project will meet pressing pediatric workforce needs related to pandemic and post-pandemic behavioral health needs and long-standing pediatric behavioral health access challenges across our predominantly rural state. To meet these needs, Telehealth ROCKS began Project ECHO and broader rural telementoring services in 2015. The program has focused on communities of learning that cut across rural child-serving systems in order to address complex pediatric health and behavioral health needs involving prevention, wellness, and treatment. Based on community needs assessments, all programming will take a trauma-informed approach and support learners in applying information in a culturally sensitive, health-equity-affirming manner. Often trusted leaders in their communities, learners include the range of primary care professionals (PCPs) (e.g., doctors, nurses, nurse practitioners, physician assistants, community health workers, and social workers) as well as other child-serving professionals (e.g., school personnel, behavioral health advocates, community leaders). The five-year Telehealth ROCKS Together project will support varied telementoring experiences with diverse specialist teams in order to meet the range of learner needs and learning styles, with an emphasis on evidence-based pediatric interventions. Learning process, clinical, and system outcomes will be assessed using a mixed-methods quality-improvement framework to demonopolize knowledge and provide practice facilitation and quality-improvement coaching to sustain system improvements.

The following is a summary of project goals:

Goal 1 (Engagement): To engage diverse community stakeholders to tailor, implement, and evaluate a menu of telementoring opportunities to enhance pediatric health and behavioral health following the COVID-19 pandemic.

Goal 2 (Telementoring): To use a range of telementoring approaches including Project ECHO to increase training and collaboration with multidisciplinary specialists across the three-tier pediatric health and behavioral health models (universal, targeted, and individual).

Goal 3 (Evaluation): To partner with the Rural Telementoring Training Center, Heartland Telehealth Resource Center, and Telehealth ROCKS evaluation teams to advance validated measures and strategic evaluation to understand impact and to continuously improve the Telehealth ROCKS Together approach.

Goal 4 (Workforce): To support trainee participation in Telehealth ROCKS Together activities across the workforce pipeline.

Goal 5 (Workforce well-being): To use telementoring strategies and an “all learn, all teach” philosophy to provide ongoing well-being and resilience opportunities and resources.

Expected Outcomes:

The Telehealth ROCKS Together project will focus on creating, engaging, and expanding the learning community in rural and frontier areas in the state of Kansas and evaluate the impact of this learning community across the five years. The project will focus on continuing to provide a menu of telementoring options to southeast Kansas in Year 1 of the project and continue to increase its reach to other regions throughout Year 2 to Year 5, with an addition of approximately 12 practices per year among the sites. While the focus will be on southeast Kansas in Year 1, THRT will continue welcoming participation in learning activities and programs from other regions. Across the five goals and related objectives, the project will use identified measurable indicators.

The evaluation plan features multiple measures, completed at multiple time points, by multiple informants, as part of an ongoing feedback loop that affords ample opportunities for quality improvement and assessing outcomes. The project will rely on the Integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework and the Moore et al., 2009 continuing medical education (CME) evaluation framework to inform and organize our evaluation plan, maximizing opportunities to provide evidence-based training and support to PCPs in rural areas and advance evidence-based practice and practice-based evidence in pediatric health and behavioral health. The Moore CME evaluation framework focuses on measuring seven levels of continuing education outcomes (i.e., participation, satisfaction, learning, competence, performance, patient health, and community health) for health professions. The current evaluation plan allows evaluation of the process and outcomes of the THRT project using multiple measurement modalities beyond self-reported survey responses, which is a limitation of ECHO and ECHO-like programs. It will also assess maintenance while building in long-term follow-up measurements across the five-year project.

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	City:	Rockville	State:	Maryland	Zip code: 20857

New Mexico

University of New Mexico

Grant Number:	U3IRH43513				
Organization Type:	University				
Grantee Organization Information:	Name:	University of New Mexico			
	Address:	1 University of New Mexico MSC09 5220			
	City:	Albuquerque	State:	New Mexico	Zip code: 87131
	Tel #:	505-750-3246			
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Primary Contact Information:	Name:	Rebecca Garcia			
	Title:	Project Director			
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Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if HPSA and/or MUA)	State	Organization Type	Site Type: Hub or Spoke
	University of New Mexico Health Science Center	Bernalillo*	NM	University	Hub
	Catron County Medical Center	Catron*	NM	FQHC	Spoke
	Quemado Health Center and Quemado School-Based Health Center	Catron*	NM	FQHC	Spoke
	Grants Family Health Center	Cibola*	NM	FQHC	Spoke
	Laguna-Acoma Teen Health Center	Cibola*	NM	FQHC	Spoke
	Artesia Family Health Center	Eddy*	NM	FQHC	Spoke
	Carlsbad Family Health Center	Eddy*	NM	FQHC	Spoke
	Carlsbad School-Based Health Center	Eddy*	NM	FQHC	Spoke
	Express Care by Presbyterian Medical Services	Eddy*	NM	FQHC	Spoke
	Loving Health Center	Eddy*	NM	FQHC	Spoke
	Hobbs Family Health Center	Lea*	NM	FQHC	Spoke
	Deming Health Center	Luna*	NM	FQHC	Spoke
	Gallup Teen Health Center	McKinley*	NM	FQHC	Spoke
	Western New Mexico Medical Group - Gallup	McKinley*	NM	FQHC	Spoke
	Western New Mexico Medical Group - Thoreau	McKinley*	NM	FQHC	Spoke
	Alamogordo Family Health Center	Otero*	NM	FQHC	Spoke
	Chaparral Family Health Center	Otero*	NM	FQHC	Spoke
	Sacramento Mountain Medical Center	Otero*	NM	FQHC	Spoke
	Tularosa Medical Center	Otero*	NM	FQHC	Spoke

	Quay County Family Health Center	Quay*	NM	FQHC	Spoke				
	Pecos Valley Medical Center	San Miguel*	NM	FQHC	Spoke				
	Pecos Valley Medical Center School Based Health Center	San Miguel*	NM	FQHC	Spoke				
	Magdalena Area Health Center	Socorro*	NM	FQHC	Spoke				
	Socorro Community Health Center	Socorro*	NM	FQHC	Spoke				
	Socorro High School Teen Health Center	Socorro*	NM	FQHC	Spoke				
	Veguita Health Center	Socorro*	NM	FQHC	Spoke				
	Questa Health Center	Taos*	NM	FQHC	Spoke				
Target population(s) served:	Population	Yes	Population	Yes					
	Medical doctors (MDs)	<input checked="" type="checkbox"/>	Advanced practice nurses (APNs)	<input checked="" type="checkbox"/>					
	Obstetrician/Gynecologists (OB/GYNs)	<input type="checkbox"/>	Clinical nurse specialists (CNSs)	<input checked="" type="checkbox"/>					
	Nurse practitioners (NPs)	<input checked="" type="checkbox"/>	Community Health Workers (CHWs)	<input checked="" type="checkbox"/>					
	Physician Assistants (PAs)	<input checked="" type="checkbox"/>	Licensed clinical social workers (LCSWs)	<input type="checkbox"/>					
	Licensed practical nurses (LPNs)	<input checked="" type="checkbox"/>	Other: Medical Assistants (MAs)	<input checked="" type="checkbox"/>					
	Registered nurses (RNs)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>					
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes					
	Infectious Diseases (incl. COVID and HIV/AIDS)	<input checked="" type="checkbox"/>	Heart disease	<input type="checkbox"/>					
	Behavioral Health	<input type="checkbox"/>	Cancer	<input type="checkbox"/>					
	Substance use disorder (incl. opioids)	<input type="checkbox"/>	COPD/Asthma	<input type="checkbox"/>					
	Prenatal care	<input type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>					
	Maternal care	<input type="checkbox"/>	Other: Communication skills	<input checked="" type="checkbox"/>					
	Pediatric care (incl. specialty care)	<input type="checkbox"/>	Other:	<input type="checkbox"/>					
Telehealth/Health Information Technology System(s)	iECHO	Zoom							
	REDCap								
Project Description:									
<p>The ECHO Institute at the University of New Mexico Health Sciences Center has launched a project to provide evidence-based training, technical assistance, and mentorship on COVID care, treatment, and prevention to community-based health care providers treating rural, frontier, and underserved patients in New Mexico. The overall goal of the project is to reduce disparities in post-COVID care and increase COVID vaccination rates in the state's rural and medically underserved communities utilizing the ECHO model. Using this model, the project will train providers across the health care spectrum, targeting health care clinics in HRSA-defined rural New Mexico counties through partnerships with statewide rural health care clinic networks by launching and expanding a series of ECHO programs.</p> <ol style="list-style-type: none"> 1. The new Post-COVID Primary Care ECHO program provides training, technical assistance, and mentorship to rural primary care providers on evidence-based, best-practice treatment for patients with COVID and post-COVID complications and COVID "long-haulers." 2. A COVID and Diabetes Training four-week module was held that trained rural health care providers about best-practice treatment for patients with diabetes who also have COVID or post-COVID complications will be integrated into the existing Endocrinology ECHO program. 3. The existing Infectious Diseases Office Hours ECHO program was expanded to reach HRSA-designated rural counties in New Mexico to provide immediate, up-to-date information and training on post-COVID care and infection control to rural health care clinics. 4. A new Vaccine Confidence in New Mexico ECHO program was launched that recruits and trains community health workers and representatives as well as primary care providers on communication skills to increase the confidence of their clients in the COVID vaccine and increase vaccine uptake rates among rural and underserved populations. 									

In addition to this robust series on COVID care, treatment, and prevention programs, the ECHO Institute is implementing a continuous quality-improvement and evaluation plan to address barriers to the successful development and sustainability of rural learning community models.

Expected Outcomes:

New Mexico has a population of 2.1 million people spread across the fifth-largest state by geographical area, and health disparities between the state's urban and rural populations are more pronounced than the national average. There are just 17 people per square mile in the state, ranking it 46th nationally for population density, and 26 out of the state's 33 counties are designated "entirely rural" by HRSA. The healthcare disparities experienced in the state's rural communities have only been exacerbated by the COVID pandemic, and the expected project outcomes focus on reducing the isolation of rural and underserved community providers over a five-year period.

Specifically, the ECHO Institute at the University of New Mexico Health Science Center expects to:

- Train 3,000 health care providers in New Mexico on infectious diseases, post-COVID care, and vaccine confidence;
- Increase the reach of the ECHO programs to ensure community-based health care providers serving all 26 HRSA-designated rural counties have access to evidence-based training, technical assistance, and mentorship on COVID care, treatment, and prevention;
- Work with rural spoke partners to implement our ECHO series in at least 60 rural clinics; and
- Create a quality-improvement and process evaluation plan for the ECHO movement.

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Pennsylvania

Allegheny Singer Research Institute (Allegheny Health Network)

Grant Number:	H2ARH39953				
Organization Type:	Nonprofit				
Grantee Organization Information:	Name:	Allegheny-Singer Research Institute			
	Address:	320 East North Avenue			
	City:	Pittsburgh	State:	Pennsylvania	Zip code: 15212
	Tel #:	412-330-2412			
	Website:	www.ahn.org			
Primary Contact Information:	Name:	Jack Protetch			
	Title:	Program Director			
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Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Allegheny Health Network (AHN)	Allegheny County*	PA	Nonprofit regional hospital	Originating (O)
	AHN Grove City Hospital	Mercer County*	PA	Nonprofit community hospital	Distant (D)
	AHN Westfield Memorial Hospital	Chautauqua County*	NY	Nonprofit community hospital	Distant (D)
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>
	Infants		<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	<input checked="" type="checkbox"/>
	School-age children (elementary)		<input type="checkbox"/>	Uninsured	<input checked="" type="checkbox"/>
	School-age children (teens)		<input type="checkbox"/>	Other: Nonspecific adult population	<input checked="" type="checkbox"/>
	Native Americans		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders		<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)		<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder		<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development		<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>

	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input checked="" type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Teladoc (formerly InTouch) Health Telehealth video conferencing equipment; provider access software; Maintenance and support		AHA/ASA Get With the Guidelines Stroke Database	
	Caregility Univago HE Telehealth Platform Equipment and Maintenance		Perfect Serve Paging System	
	Mercy Virtual Professional Services: Philips eCareManager Software		SPSS Statistical Software	
	Ischemia View RAPID CT Perfusion/CTA/ICH Software		Python Programming Code	
	Epic Electronic Health Record		R Statistical Software	

Project Description:

Purpose

The purpose of the "Allegheny Tele-emergency Network" is to improve access to emergency care specialists in rural areas of Pennsylvania and New York by expanding an advanced telehealth network. Specifically, Allegheny Health Network (AHN) will provide 24/7 emergency stroke and critical care services to two rural service areas through virtual platforms in partnership with rural hospital emergency departments (EDs) and local emergency medical services (EMS) providers.

Currently, patients in these areas that require specialized emergency care are often transported to larger hospitals in other geographic areas. This not only compromises medical outcomes for patients requiring timely care, but also strains the EMS system as well as patients' family members and caregivers.

The Allegheny Tele-emergency Network will engage AHN's advanced telehealth capabilities to provide telestroke care and critical care in two additional rural markets. Leveraging nearly a decade of experience providing telehealth to underserved patients in western Pennsylvania, the proposed tele-emergency services will result in improved health outcomes by providing specialized treatment in a timely manner and will improve the efficiency, cost-effectiveness, and the quality of emergency care by keeping patients in their home communities. Furthermore, the availability of telehealth services will free EMS personnel to respond to local emergencies by decreasing the volume of patients requiring transport to distant facilities.

Project Scope

The Allegheny Tele-emergency Network will generate a sufficient number of patient encounters to inform a broad-scale analysis of the impact of the telehealth services. AHN plans to serve at least 390 unduplicated patients per year by year 4, up from 246 in year one.

Expected Outcomes:

- (1) Establish 24/7/365 tele-stroke and virtual critical care services at two rural originating sites;
- (2) Train health care providers in originating site service areas to use the tele-emergency network;
- (3) Improve the quality and safety of patient care in originating site service areas.

Telehealth-based specialized care will significantly impact patients' health outcomes and cost of care by having access to high-quality, timely diagnosis and appropriate treatment in their home communities. For example, access to certified stroke centers is particularly important in rural areas given the neurological expertise necessary for safely and quickly administering stroke treatment, helping to minimize brain damage and lessen disability. Other outcome indicators include stroke center designation and reduced provider turnover. The access to specialists through telehealth reduces transfer rates and helps facilities retain the bedside physicians and nurses needed to manage critically ill patients. Performance will be measured by detailed, comprehensive dashboards.

Evidence Based/ Promising Practice Model Being Used or Adapted:

AHN's Telestroke program has nearly ten years of experience leveraging evidence based clinical practice guidelines (CPG) across its network of certified stroke centers and community hospitals. AHN designated Stroke Centers and Telestroke network continue to receive distinguished annual national recognition from the American Heart and American Stroke Association (AHA/ASA) for achievements in adherence to CPG, most recently noted by all six certified stroke centers in the Telestroke network achieving AHA/ASA awards for quality stroke care. The AHN Telestroke network will utilize its longstanding experience in sharing CPG, protocols and order sets with its newest Telehealth Network Sites: Grove City Hospital and Westfield Memorial Hospital to assure standardized adoption of best practices. Additionally, AHN Telestroke will provide sites with targeted training, participating in regular quality reviews of cases and provide stroke experts via telemedicine which will improve quality of care and outcomes and reduce variance in care.

The innovative virtual ICU model was formed via a unique partnership with Mercy Virtual. Mercy Virtual is a nationally recognized leader in the development and delivery of telehealth solutions to hospitals around the country with more than 15 years' experience. The vICU model enhances the delivery of critical care services to patients in communities across western PA and western NY. Through state-of-the-art telecommunication and remote patient monitoring technology located in each ICU room, a team of approximately 150 providers (CRNPs and more than 50 licensed/credentialed/board-certified Intensivists) based at Mercy's Virtual Care Center in Saint Louis, MO will seamlessly interact and collaborate with AHN clinical staff to provide 24/7/365 ICU patient care support. Leveraging Phillips eCareManager system, AHN is able to provide 24/7/365 surveillance of critical care patients and engage via live video conferencing at the patient bedside on an on-demand basis with Mercy vICU providers when a clinical need or question arises. AHN has successfully developed and implemented the vICU model at 4 of its hospitals beginning in January 2020, and through October 2020 virtual care services have been provided to more than 3,200 ICU patients. Also of note, given the expected surges related to COVID-19, in August 2020 AHN rolled out a vICU On-Demand solution with Mercy Virtual that provides virtual care support in an additional 50 beds to address surge capacity and ICU overflow. Extending these services to Grove City Hospital and Westfield Memorial Hospital will significantly enhance critical care capabilities and contribute to better outcomes and fewer transfers.

To comply with New York state corporate practice of medicine requirements, AHN sought a clinical vendor to deliver vICU services to Westfield Memorial Hospital and identified Equum Medical as its preferred NY partner. For over ten years, Equum's telehealth-enabled acute care teams have addressed challenges in filling gaps in coverage. Its flexible, customized approach helps improve the lives of on-site clinicians, extends patient care in specialty areas enabling enhanced care and serving more patients, while delivering a positive clinical, operational and financial impact. Equum Medical leverages the same technology as the Pennsylvania based vICU solution, e.g., eCareManager, aligning TNGP projects across states and facilities.

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Arkansas

ARcare

Grant Number:	H2ARH39954				
Organization Type:	FQHC				
Grantee Organization Information:	Name:	ARcare			
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	City:	Augusta	State:	Arkansas	Zip code: 72006
	Tel #:	870-347-2534			
	Website:	www.arcare.net			
Primary Contact Information:	Name:	Joey Miller			
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Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	ARcare	White, Woodruff*	AR	FQHC	O & D
	Pafford EMS	Woodruff*	AR	Ambulance Service	O
	Unity Health	White*	AR	Hospital	D
	Woodruff County Health Center	Woodruff*	AR	Nursing Home	O
Target population served:	Population		Yes	Population	
	Population		Yes	Population	
	Adults	<input type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>	
	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>	
	Infants	<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>	
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>	
	School-age children (elementary)	<input type="checkbox"/>	Uninsured	<input type="checkbox"/>	
	School-age children (teens)	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
	Native Americans	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
	Pacific Islanders	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes	
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input checked="" type="checkbox"/>	
	Tele-Stroke	<input checked="" type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>	
	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>	
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input checked="" type="checkbox"/>	
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>	
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>	

	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Visuwell Platform		Cradlepoint Routers	

Project Description:

The Arkansas Health Improvement Coalition was developed in early 2013 to provide a collaborative and systematic approach to address health care needs in rural Arkansas. Through the years, the Coalition has implemented value-based medicine and technology to address population health needs in our rural service areas. ARcare (lead applicant) is a Federally Qualified Health Center (FQHC) with more than 35 years of operation and is the largest community health center in Arkansas. ARcare is based in Augusta, Woodruff County, Arkansas. The other Coalition partners for this project include: Unity Health (hospital) located in Searcy, White County; Pafford EMS (regional EMT services) with two units located in Woodruff County; and Woodruff County Health Center (nursing home) located in McCrory, Woodruff County. All partner locations are based in rural areas of the region. These partners have a long working relationship and make up the major health entities in this central/eastern Arkansas region. Each partner has worked collaboratively on many projects to improve healthcare and access issues for rural Arkansans.

The Telehealth Network Grant project allows the Coalition to assess the Tele-Emergency Medical Service needs in White and Woodruff counties in Arkansas. Analysis will be conducted to further justify the use of telehealth to meet rural community health care needs in access and specialized consults to providers, EMT Services, first responders, home health and nursing homes that do not have immediate access to emergency services. The objectives for the project are: 1) building the tele-emergency infrastructure communication system for White and Woodruff counties in rural Arkansas, 2) develop and implement policies and protocols for tele-stroke, tele-behavioral health, and tele-emergency medical services, 3) develop and implement training and best practice curriculums, and 4) develop evaluation and strategic systems for sustainability and expansion of the program.

Expected Outcomes:

The impact on the target population will show an increase and timeliness of access to care and access to a specialist in emergent situations for rural residents. In addition, this funding will strengthen the collaboration between the primary care clinics, long-term care facilities, and the ambulance service. Immediate access to the emergency department in these rural facilities makes a difference in life or death situations. The current barrier of communication to a primary care provider and first responders will be eliminated and critical decision making will assist in the reduction of non-emergent transports, reduction in emergency department admits, and increases the probability of lowering health care costs. The residents will benefit from the onset of an emergency to have the tools and the team immediately accessible for those critical moments in crisis situations.

Short and long-term changes to rural health for the proposed service area are anticipated. The biggest change will be the immediate provider access to the Unity Health Emergency Department, long-term care facility, and the first responder EMS services. Communication among these sites is vital to improve decision-making in critical situations to ensure the best care is provided in a timely manner to the patient. This program will work to streamline protocols and triage processes to communicate the situation to stimulate proper transport if needed or to eliminate unnecessary transports. One of the exciting parts of this program is the implementation of the community paramedic program that will utilize telehealth to offer a team-based approach to high-risk and "frequent flyer" patients for health literacy, care management, and prevention and wellness services. This improvement will provide the data needed to build the case for sustainability and future reimbursement opportunities to support this program.

Evidence Based/ Promising Practice Model Being Used or Adapted:

One of the leading promising practice models for emergency tele-medicine is the partnership with swyMed (a leading provider of mobile telemedicine solutions), Commission on State Emergency Communications, and the Texas Tech University Health Sciences Center. This network has engaged providers in trauma centers in rural West Texas that covers 108 counties. The objective is to improve patient outcomes by using telemedicine technology to bring the judgment of trauma surgeons into the back of the ambulances to assess and direct treatment.

This effort allows for quick assessment to determine if the patient needs to be airlifted or taken to a closer hospital. Therefore, it eliminates transport to unequipped facilities and increases survival rates and appropriate care. Another best practice model is the Community Paramedic Program. In Arkansas, there are four paramedic programs that have invested in their staff to receive the Community Paramedic Certification. Through a partnership with Blue Cross Blue Shield, regional hospitals, and regional community colleges, this pilot project has shown a reduction in transports and reduction in emergency department admissions. The Community Paramedic Program allows for home visits to chronically ill and/or post-op patients as well as “frequent flyers.” These home visits result in increased patient compliance which leads to reduction in emergency room costs, decreased health expenses for the patient, improved quality of care and communication between the patient and their PCP.

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Technical Assistance (TA) Consultant Contact Information:	Name:	Rodger Chaufourmier				
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	Email:	rchaufourmier@spreadinnovation.com				
	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

New York

Garnet Health Medical Center – Catskills

Grant Number:	H2ARH39955				
Organization Type:	Hospital				
Grantee Organization Information:	Name:	Garnet Health Medical Center – Catskills			
	Address:	68 Harris-Bushville Road			
	City:	Harris	State:	New York	Zip code: 12742
	Tel #:	845-794-3300			
	Website:				
Primary Contact Information:	Name:	Royce Pilkington			
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Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$290,562		
	Sep 2021 to Aug 2022		\$298,387		
	Sep 2022 to Aug 2023		\$293,387		
	Sep 2023 to Aug 2024		\$293,387		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Garnet Health Medical Center – Catskills	Sullivan*	NY	Hospital	O
	Garnet Health Medical Center – Catskills – Grover M. Hermann Hospital	Sullivan*	NY	Hospital	O
	Garnet Health Doctors – Primary Care Clinic – Bethel	Sullivan*	NY	Hospital	O
	Garnet Health Doctors – Primary Care Clinic – Monticello	Sullivan*	NY	Outpatient Clinic	O
	Garnet Health Doctors – Primary Care Clinic – Livingston Manor	Sullivan*	NY	Outpatient Clinic	O
	Garnet Health Doctors – Women's Health Clinic – Harris	Sullivan*	NY	Outpatient Clinic	O
	Garnet Health Doctors – Oncology Outpatient Clinic – Harris	Sullivan*	NY	Outpatient Clinic	O
	Sullivan County Board of Cooperative Educational Services (BOCES)	Sullivan*	NY	School	O
	Garnet Health Medical Center	Orange	NY	Hospital	D
	Westchester Medical Center	Westchester	NY	Hospital	Network Partner

Target population served:	Population	Yes	Population	Yes
	Adults	<input checked="" type="checkbox"/>	African Americans	<input type="checkbox"/>
	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians	<input type="checkbox"/>
	Infants	<input type="checkbox"/>	Latin-x	<input type="checkbox"/>
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)	<input checked="" type="checkbox"/>
	School-age children (elementary)	<input checked="" type="checkbox"/>	Uninsured	<input type="checkbox"/>
	School-age children (teens)	<input checked="" type="checkbox"/>	Other: Psychiatric patients	<input checked="" type="checkbox"/>
	Native Americans	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Epic		Survey Monkey	
	Microsoft BI		Zoom	

Project Description:

The telemental health program will expand Garnet Health Medical Center – Catskills current tele-stroke services to help improve behavioral health and emergency medical outcomes for its rural, underserved community. Telemedicine has the potential to offer much-needed access to subspecialist services in rural areas. Hospitals without this technical capacity routinely transfer patients with complex critical care needs from the Emergency Department to larger medical centers for subspecialty care. The Sullivan County Telemental Health Program will allow access to care twenty-four hours a day, seven days a week without a mental health specialist physically present in the ED at Garnet Health Medical Center – Catskills. This will reduce wait times for patients, address gaps in mental health care, reduce costs for patients and providers and reach a larger population of patients.

The following will occur as part of the project:

1. Provide timely psychiatric evaluations and medication management to patients in the Emergency Department (ED) at Garnet Health Medical Center – Catskills from 8:00pm – 8:00am, 7 days/week. This bridges the coverage gap that currently exists after hours and weekends when there are no onsite psychiatric providers.
2. Decrease length of stay, improve patient throughput, and increase patient satisfaction in the Garnet Health Medical Center – Catskills Emergency Department by expediting care and decision making related to admissions to inpatient behavioral health, safe transfers to another facility or safe discharges back to the community with follow up.
3. Enhance telemental health services for inpatient and Consult-Liaison services within Garnet Health Medical Center – Catskills (Harris) and Callicoon, a critical access hospital during the day in collaboration with Garnet Health Medical Center Department of Psychiatry.

4. Expand telemental health services in Sullivan County to include consultations in Garnet Health Doctors clinics: primary care, specialty practices such as Women's Health and Oncology, and Sullivan County Board of Cooperative Educational Services (BOCES) for child and adolescent referrals and recommendations for outpatient treatment, psychiatric follow up, or ED transfer.

Expected Outcomes:

Throughout the course of the project, the following expected outcomes will be measured:

1. Increase in timely delivery of mental health consults being provided from the Garnet Health Medical Center ED to the Garnet Health Medical Center – Catskills ED between the hours of 8pm and 8am.
2. A decrease in length of stay, increase in patient throughput, and increase in patient and provider satisfaction
3. Increase in discharges following the delivery of care
4. Increase in safe discharges into the community with appropriate follow-up
5. Expanded telemental health service delivery to include psychiatric evaluations via Consultative Liaison Services with the Garnet Health Medical Center – Catskills' inpatient unit and Garnet Health Medical Center – Catskills – Grover M. Hermann hospital, a critical access hospital (CAH)
6. Expanded network access and improved availability of services through the Garnet Health Doctors Primary Care, Women's Health, and Oncology Outpatient Clinics
7. The successful opening of a Garnet Health Medical Center – Catskills Outpatient Behavioral Health Clinic
8. Expanded telemental health services to children and adolescents through a partnership with Sullivan BOCES, culminating in the ability to deliver telemental health services to students in the school setting as opposed to the emergency department setting

Evidence Based/ Promising Practice Model Being Used or Adapted:

The CTRC Telehealth Program Developer Kit – *California Telehealth Resource Center*:

<https://www.telehealthresourcecenter.org/wp-content/uploads/2018/09/Complete-Program-Developer-Kit-2014.pdf>

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Technical Assistance (TA) Consultant Contact Information:	Name:	Roger Chaufournier					
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	Organization:	CSI Solutions					
	City:	Kensington	State:	Maryland	Zip code:	20895	

Nebraska

CommonSpirit Health

Grant Number:	H2ARH39956					
Organization Type:	Health System					
Grantee Organization Information:	Name:	CommonSpirit Health (d/b/a CHI Health)				
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	City:	Omaha	State:	Nebraska	Zip code: 68124	
	Tel #:	402-717-2348				
	Website:	www.chihealth.com				
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Expected funding level for each budget period:	Month/Year to Month/Year			Amount Funded Per Year		
	Sep 2020 to Aug 2021			\$300,000		
	Sep 2021 to Aug 2022			\$300,000		
	Sep 2022 to Aug 2023			\$300,000		
	Sep 2023 to Aug 2024			\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)	
	CHI Health – Service Center	Douglas	NE	Health System	D	
	CHI Health Mercy Corning Chi Health Mercy Corning Clinic CHI Health Bedford Clinic CHI Health Lenox Clinic	Adams/Taylor*	IA	Critical Access Hospital/Rural Health Clinics	O	
	CHI Health Missouri Valley CHI Health Missouri Valley Clinic CHI Health Woodbine Clinic CHI Health Logan Clinic CHI Health Dunlap Clinic	Harrison*	IA	Critical Access Hospital/Rural Health Clinics	O	
	CHI Health St. Mary's CHI Health St. Mary's Clinic	Otoe*	NE	Critical Access Hospital/Rural Health Clinics	O	
	CHI Health Schuyler CHI Health Schuyler Clinic CHI Health Clarkson Clinic CHI Health Howells Clinic	Colfax*	NE	Critical Access Hospital/Rural Health Clinics	O	
	CHI Health Plainview CHI Health Plainview Clinic	Pierce*	NE	Critical Access Hospital/Rural Health Clinics	O	
Target population served:	Population		Yes	Population		Yes
	Adults		<input checked="" type="checkbox"/>	African Americans		<input type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians		<input type="checkbox"/>

	Infants	<input type="checkbox"/>	Latin-x	<input type="checkbox"/>
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>
	School-age children (elementary)	<input type="checkbox"/>	Uninsured	<input type="checkbox"/>
	School-age children (teens)	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Native Americans	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input checked="" type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Epic	central logic forefront (Transfer Center)		
	ZooM (For Healthcare)	Cisco telecommunications		
	Amwell			

Project Description:

CommonSpirit Health (dba. CHI Health) will expand on the existing infrastructure for Transfer Center and Virtual Health Operations to develop a Behavioral Health Evaluation and Transfer Service (BHETS). Critical Access Hospitals, Emergency Departments, and Rural Health Clinics will be able to call for assistance with evaluating the mental and behavioral health needs of a patient to plan of care and need for transfer versus discharge. BHETS will help facilitate transfers to a higher level of care if determined to be needed by the attending provider and mental health provider.

Expected Outcomes:

This telehealth project seeks to achieve the following goals:

- Expand access to, coordinate, and improve the quality of behavioral health care services available in rural communities.
- Improve and expand telehealth training for health care providers.
- Expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.
- Participate in a broad-scale analysis and evaluation of the program coordinated by the Federal Office of Rural Health Policy (FORHP) and internal evaluation of objectives.

CHI Health anticipates that the program will result in the following long-term outcomes:

- Residents of rural communities will experience improved mental health and quality of life as a result of having consistent access to behavioral health emergency services and follow up care.
- Rural health providers will have greater ability to assess the need for behavioral health intervention in the ED and to link patients with appropriate levels of intervention using state-of-the-art tele-health protocols.
- Participating rural critical access hospitals and rural health clinics will be better positioned to participate in service provision for patients presenting with mental health issues, generating revenue and allowing them to better fulfill their roles as essential health resource centers.

- Rural health systems will benefit from access to information outlining the lessons learned and best practices around the provision of tele-behavioral health in an emergency setting.

Evidence Based/ Promising Practice Model Being Used or Adapted:

This project is based on the South Carolina Department of Mental Health Emergency Department Telepsychiatry Consultation Program. One significant adaptation made for this project is testing whether a Licensed Independent Mental Health Practitioner will meet the needs of rural hospitals and clinics versus more expensive and scarce psychiatry physicians and nurse practitioners (NPs).

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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip Code:	20895

North Carolina

East Carolina University

Grant Number:	H2ARH39979				
Organization Type:	University				
Grantee Organization Information:	Name:	East Carolina University, Brody School of Medicine			
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	City:	Greenville	State:	North Carolina	Zip code: 27834
	Tel #:	252-744-1020			
	Website:	https://medicine.ecu.edu/			
Primary Contact Information:	Name:	Kalyan Muppavarapu, M.D.			
	Title:	Clinical Assistant Professor of Psychiatry			
	Tel #:	252-744-2660			
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Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$299989		
	Sep 2021 to Aug 2022		\$299998		
	Sep 2022 to Aug 2023		\$299995		
	Sep 2023 to Aug 2024		\$299997		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Erlanger Western Carolina Hospital	Cherokee*	NC	Critical access hospital	O
	Vidant Duplin Hospital	Duplin*	NC	Hospital	O
	Sentara Albemarle Medical Center	Pasquotank*	NC	Hospital	O
	Maria Parham Hospital	Vance*	NC	Hospital	O
	Vidant Beaufort Hospital	Beaufort*	NC	Hospital	O
	East Carolina University	Pitt*	NC	University	D
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured	
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:	
	Native Americans		<input checked="" type="checkbox"/>	Other:	
	Pacific Islanders		<input type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input type="checkbox"/>	Provider/Workforce Development	

	Care Coordination	<input checked="" type="checkbox"/>	Integrated Systems of Care	<input checked="" type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other: 1	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	NC-STeP Webportal		Epic	

Project Description:

North Carolina Statewide Tele-Psychiatry (NC-STeP) has established a statewide Telepsychiatry network in 58 emergency departments and 8 community clinic sites. The present project will further expand the successful North Carolina Statewide Tele-Psychiatry program. The present project will expand the successful tele-psychiatry program by bringing telehealth-enabled behavioral health counseling and care management (i.e., wrap-around services) directly into rural emergency departments, in underserved regions of NC, creating a unique opportunity to improve access to care and care coordination for an underserved and impoverished population. The primary goal is to identify patients at risk for coming or returning to the emergency room and to implement specific telehealth-enabled counseling and care management strategies to improve outcomes and limit expensive ED admissions. The project will also pilot the use of wireless technology in a mobile van or other pre-hospital settings to reach acutely ill/crisis behavioral patients and deliver behavioral counseling even prior to traditional ER evaluation. Specific objectives are:

1. Expand the existing tele-psychiatry program by bringing extensive acute behavioral health counseling and wrap-around services directly into rural emergency departments and/or affiliated practices/federally qualified health centers.
2. Establish and implement care protocols for the delivery of acute behavioral telehealth counseling visits in emergency departments and care coordination for patients seen via telehealth by a psychiatrist or other provider for primary behavioral problems or for co-morbid behavioral problems accompanying acute medical illness.
3. Examine the impact of expanded telehealth-enabled behavioral health counseling and care coordination on care outcomes and recidivism rates in rural emergency room settings.

The project will be implemented in five hospital sites, affiliated clinic sites, and a mobile van program run by a partnering FQHC, all located in rural HPSA-designated counties in NC. Evaluation of the project will involve assessment of telehealth utilization for behavioral counseling at ED and clinic sites and via the mobile van. The project will examine clinical measures of behavioral outcomes for diseases like depression, anxiety, and PTSD. Additionally, the evaluation will examine health services utilization including successful linkage to care coordination and follow-up care, as well as emergency room and/or hospital admissions for mental health reasons.

Expected Outcomes:

Expected outcomes will include the expanded use of tele-behavioral counseling in hospital-based emergency room and affiliated clinic locations, improved linkage to care coordination and outpatient follow-up care, improvement in disease-specific measures in patients who complete initial and follow-up counseling sessions, and decreased recidivism related to emergency room and hospital admissions. The project will also document the technical and clinical feasibility of delivering acute behavioral therapy via telehealth when patients from remote and rural areas access a Wi-Fi enabled mobile medical van that comes to their community.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The present project extends the successful work of a well-established Tele-psychiatry network involving 58 emergency rooms and 8 clinic sites that has already completed 43,515 psychiatric assessments, overturning 5,915 involuntary commitments to the hospitals. The cumulative return on investment from preventing unnecessary hospitalizations is estimated to be \$31.9 million for the state of NC. The strategies being employed are based on published evidence (pasted below) regarding the use of telepsychiatry which are being adapted and expanded to include the specific role of tele-behavioral counseling and care coordination.

1. Hilty DM, Ferrer DC, Parish MB, et al. The Effectiveness of telemental health: A 2013 review. *Telemed J E Health* 2013;(19):444-454.
2. Hilty DM, Yellowlees PM, Parish MB, et al. Telepsychiatry: Effective, evidence-based and at a tipping point in healthcare delivery. *Psych Clin N Amer* 2015;38(3):559-592
3. Turvey, C., Coleman, M., Dennison, O., Drude, K., Goldenson, M., Hirsch, P., . . . Bernard, J. (2013). ATA Practice Guidelines for Video-Based Online Mental Health Services. *Telemed and E-Health*, 19: 722-730.
4. Myers, K., & Cain, S. (2008). Practice Parameter for Telepsychiatry With Children and Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(12), 1468-1483.
5. American Psychological Association. Guidelines for the Practice of Telepsychology. Available at: <http://www.apa.org/practice/guidelines/telepsychology.aspx>. Accessed April 22, 2016.

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Technical Assistance (TA) Consultant Contact Information:	Name:	Roger Chaufournier				
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	City:	Kensington	State:	Maryland	Zip code:	20895

Georgia

Emory University

Grant Number:	H2ARH39957				
Organization Type:	University, Tertiary hospital system				
Grantee Organization Information:	Name:	Emory University			
	Address:	1599 Clifton Road NE			
	City:	Atlanta	State:	Georgia	Zip code: 30322
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	Website:	osp@emory.edu			
Primary Contact Information:	Name:	Michael Carr, MD			
	Title:	Emory Rural Tele-EMS Project Director			
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Expected funding level for each budget period:	Month/Year to Month/Year			Amount Funded Per Year	
	Sep 2020 to Aug 2021			\$300,000	
	Sep 2021 to Aug 2022			\$300,000	
	Sep 2022 to Month 2023			\$300,000	
	Sep 2023 to Month 2024			\$300,000	
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Emory University	DeKalb County - Hub (Distant) Site	GA	Tertiary Care Hospital	D
	Grady EMS Baldwin County Station	Baldwin	GA	Rural Service EMS Provider	O
	Grady EMS Ben Hill County Station	Ben Hill	GA	Rural Service EMS Provider	O
	Grady EMS Clay County Station	Clay	GA	Rural Service EMS Provider	O
	Grady EMS Cook County Station	Cook	GA	Rural Service EMS Provider	O
	Grady EMS Decatur County Station 1	Decatur*	GA	Rural Service EMS Provider	O
	Grady EMS Decatur County Station 2	Decatur*	GA	Rural Service EMS Provider	O
	Grady EMS Hancock County Station	Hancock	GA	Rural Service EMS Provider	O
	Grady EMS Mitchell County Station 1	Mitchell*	GA	Rural Service EMS Provider	O
	Grady EMS Mitchell County Station 2	Mitchell*	GA	Rural Service EMS Provider	O
	Grady EMS Mitchell County Station 3	Mitchell*	GA	Rural Service EMS Provider	O
	Grady EMS Pierce County Station 1	Pierce	GA	Rural Service EMS Provider	O
	Grady EMS Pierce County Station 2	Pierce	GA	Rural Service EMS Provider	O

	Grady EMS Quitman County Station	Quitman	GA	Rural Service EMS Provider	0
	Grady EMS Randolph County Station	Randolph	GA	Rural Service EMS Provider	0
	Grady EMS Seminole County Station 1	Seminole	GA	Rural Service EMS Provider	0
	Grady EMS Seminole County Station 1	Seminole	GA	Rural Service EMS Provider	0
Target population served:	Population	Yes	Population	Yes	
	Adults	<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>	
	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>	
	Infants	<input checked="" type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>	
	Pre-school children	<input checked="" type="checkbox"/>	Women (incl. Pregnant)	<input checked="" type="checkbox"/>	
	School-age children (elementary)	<input checked="" type="checkbox"/>	Uninsured	<input checked="" type="checkbox"/>	
	School-age children (teens)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
	Native Americans	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes	
	Tele-Behavioral/Mental Health	<input type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>	
	Tele-Stroke	<input checked="" type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>	
	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>	
	Care Coordination	<input checked="" type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>	
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>	
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>	
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input checked="" type="checkbox"/>	
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>	
	Health Education and Promotion	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>	
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>	
Telehealth/Health Information Technology System(s)	ZOLL Streaming module		Cerner (past)		
	swyMed telemedicine software		Epic (current)		
	ESO (EMS PCR), Image Trend (EMS PCR)				

Project Description:

The goal of the Emory Rural Tele-EMS Network (ER-TEMS) is to increase quality, efficiency, and access to emergency and other specialty services by offering a comprehensive telemedicine evaluation to EMS patients, along with clinical guidance to ambulance crews, in rural communities of Georgia. This project aims to develop an advanced telehealth network in 14 rural counties of Georgia. Rural communities are severely limited by the amount of time it takes to access definitive care. Worse medical outcomes in rural Georgia, while multifactorial, are linked to the prolonged timespan needed to transport patients to the closest most appropriate facility. After a period of structured training, EMS crews in rural Georgia will be able to initiate video consultation with an Emory University Emergency Provider and stream vital information to local receiving hospitals via video telecommunication. The project will facilitate field providers in obtaining real-time clinical support in addressing time-sensitive conditions like strokes, heart attacks, trauma, and septic shock. At full deployment, the ER-TEMS network has the potential to capture at least 5800 telehealth encounters annually – approximately 17% of EMS call volume for the included counties. Communications will occur over the Verizon® cellular data network using a proprietary two-way video telehealth software (swyMed Corporation) that specializes in high-quality, low data transmission in rural areas. Verizon has nearly complete cellular coverage of Georgia. As an Emory and ER-TEMS partner, Verizon is committed to optimizing data network coverage in the included rural counties.

The project consists of training EMS crews of 28 ambulances to provide telemedicine services in 14 HRSA-eligible counties in rural Georgia. This will provide a core of 100 EMTs and paramedics over the 14 counties who will be trained to initiate a video consultation and upload biographical data to the telemedicine interface, including results of clinical evaluations, vital signs, glucose measurements, EKGs, and on-going patient monitoring. The model also aims to enhance pre-arrival notification to receiving hospitals while simultaneously providing field care based on current evidence-based medical guidelines. With consistent and reliable communication of patient arrival notifications to destination hospitals, and in regularly reviewing evidence-based guidelines with receiving hospitals, the objective of this project is to enable transmission of enhanced medical knowledge and coordination of medical care. The link of EMS personnel with tele-Emergency Providers will allow timely access to advanced medical assessment that is beyond the State's EMS scope of practice. Project efficiency and quality will be measured by patient and provider satisfaction scores, utilizing follow up surveys, and EMS system metrics such as patient contact (PC)-to-diagnosis, PC-to-treatment, and PC-to-definitive care times. Averted transports to distant hospitals (by ground or via air ambulance) as a result of ER-TEMS guidance will also be measured. A demonstrated overall cost reduction is expected by reducing prolonged unwarranted transports to large urban medical centers. A major goal is for patients to be safely transported to local facilities for definitive care after initial stabilization and treatment, in collaboration with guidance from the tele-EMS provider.

At full deployment, the ER-TEMS network has the potential to capture at least 5800 telehealth encounters annually – approximately 17% of EMS call volume for the included counties. Communications will occur over the Verizon® cellular data network using a proprietary two-way video telehealth software (swyMed Corporation) that specializes in high-quality, low-data transmission in rural areas.

Expected Outcomes:

The 14 Georgia counties to be included in the proposed telehealth network have shown increased hospital discharge diagnosis rates per capita for various illnesses including septicemia, ischemic heart disease, pneumonia, cerebrovascular disease, chronic obstructive pulmonary disease, and asthma (Georgia Department of Public Health Data, 2014-2018). Included in these categories are several time-sensitive conditions where early intervention has been shown to improve patient outcomes. The overall objective of this project is to reduce time-to-definitive care for patients in rural Georgia. To accomplish this, we aim to focus on reducing time-to-diagnosis and time-to-treatment for several urgent conditions in acute care medicine. The primary outcomes to be measured are patient contact (PC)-to-provider time, and PC-to-treatment time for all telemedicine consultations. Secondary outcomes to be measured are: 1) Total number of telemedicine consultations with respective diagnosis; 2) Averted external transports as a result of the grant (transports by air or by ground to a medical center outside of the rural county); 3) PC-to-definitive care time for patients with ischemic stroke (i.e. time to designated stroke center); 4) PC-to-definitive care time for patients with ST-elevation myocardial infarction (STEMI – i.e. time to designated STEMI center); 5) Emergency department visits averted after telemedicine physician consultation; 6) Patient transport (in EMS) miles saved; 7) EMS personnel overall satisfaction with telemedicine interface; 8) Receiving hospital overall satisfaction with telemedicine interface; and 9) Emergency provider overall satisfaction with telemedicine interface.

Evidence Based/ Promising Practice Model Being Used or Adapted:

A promising practice model that has been shown to be effective, and that was identified by a HRSA-appointed health center "operational site visits," is a model that was deployed at Lifelong Medical Care (LMC) in Berkeley, CA. The LMC model was shown to be effective in addressing tele-emergency care in rural communities. Their primary objective was to establish more efficient access to care. They initiated a registered nurse (RN) screening process where patients discharged from the hospital were contacted and given a phone number for this telephone-based service. Patients who felt they needed medical evaluation could contact this service who would determine the acuity of the patient's medical complaint based on several screening questions. After an evaluation, the RN could act as a bridge to primary care and other community-based services. They demonstrated a 32% increase in primary care follow-up, a 17% decrease in ED visits, and a 17% decrease in hospital readmissions. This promising practice model acts as an appropriate guide for the ER-TEMS project in that it shares the same underlying goal, which is to make the medical screening process more efficient. Our target population's need is one that requires an advanced, earlier medical assessment to assess and direct patient care to the appropriate resources. The underlying medical complexity of rural patients requires a higher level of efficiency in the medical screening process. LMC's evidence suggests that applying a screening model to our population will result in cost reduction, fewer unnecessary transports, and effective utilization of hospital resources.

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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

Pennsylvania

Geisinger Health

Grant Number:	H2ARH39958				
Organization Type:	Health System				
Grantee Organization Information:	Name:	Geisinger Health			
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	Tel #:	(800-275-6401)			
	Website:	https://www.geisinger.org/			
Primary Contact Information:	Name:	Kimberly Auman			
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	Tel #:	(570-898-6246)			
	Email:	Ksauman@geisinger.edu			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$297,655		
	Sep 2021 to Aug 2022		\$297,655		
	Sep 2022 to Aug 2023		\$297,655		
	Sep 2023 to Aug 2024		\$297,655		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Geisinger Jersey Shore Hospital	*Lycoming, *Clinton, *Union	PA	Health System	O
	Geisinger Lewistown Hospital	Mifflin, *Juniata	PA	Health System	O
	Geisinger Shamokin Hospital	*Northumberland, Snyder, *Schuylkill	PA	Health System	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>
	Infants		<input type="checkbox"/>	Latin-x	<input type="checkbox"/>
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>
	School-age children (elementary)		<input type="checkbox"/>	Uninsured	<input type="checkbox"/>
	School-age children (teens)		<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Native Americans		<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders		<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder		<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development		<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>

	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Epic		Teladoc	

Project Description:

The overall goal of this project is to increase access to quality acute stroke care by implementing a novel approach to improving tele-emergency stroke services for underserved populations in eight rural counties across central Pennsylvania (PA). This goal will be achieved through the development of a fast track for stroke alerts that engages local emergency medical service (EMS) providers, emergency departments (EDs), and remote neurologists and increases the potential for both improved patient outcomes and improved clinical workflow efficiencies while utilizing evidence-based tele-stroke protocols. In order to implement the fast-track approach, Geisinger Clinic (Geisinger) will build upon existing internal telemedicine infrastructure to enhance the tele-emergency network operating at Geisinger Medical Center and three original telehealth network sites at Geisinger Jersey Shore Hospital (GJSH), Geisinger Lewistown Hospital (GLH), and Geisinger Shamokin Area Community Hospital (GSACH). On a more granular level, the general workflow follows that when collaborating EMS providers note stroke-like symptoms they will message medical command at Geisinger's nearest originating site. That call to medical command will queue a message and description of the patient to a stroke neurologist. The medical command will inform the EMS staff that the neurologist is going to connect with the EMS vehicle in transit, and shortly thereafter, the neurologist will video into the vehicle to perform a stroke workup and assessment. This assessment will then dictate whether equipment and workflows should be initiated in preparation for a large vessel occlusion (LVO), non-severe stroke alert, or actual non-stroke altogether. Devices will power the connection to EMS vehicles in transit and ensure connectivity is available for the video consult.

Expected Outcomes:

Throughout the duration of this project, the high-level outcome will be to have created a tele-emergency network providing enhanced tele-stroke care to approximately 1,170 rural patients over a four-year period. Other anticipated outcomes include improvement in numbers surrounding avoided transfers, hospital admission, readmission, transfer times to tertiary facilities, patient outcomes, door-to-needle time, cost efficiency, as well as patient and provider satisfaction. Another outcome is that Geisinger will collaborate and coordinate with state Medicaid agencies and other payers to explore payment and reimbursement options, given the improvements in the aforementioned categories.

Evidence Based/ Promising Practice Model Being Used or Adapted:

Geisinger's focus on outcomes and quality is infused in this program and will ensure that strict adherence to evidence-based tele-stroke protocols is upheld.

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Technical Assistance (TA) Consultant Contact Information:	Name:	Christine St Andre			
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	Organization:	CSI Solutions			
	City:	Kensington	State:	Maryland	Zip code: 20895

Wisconsin

Gundersen Lutheran Medical Foundation, Inc.

Grant Number:	H2ARH39959				
Organization Type:	Medical Foundation				
Grantee Organization Information:	Name:	Gundersen Lutheran Medical Foundation, Inc.			
	Address:	1900 South Ave			
	City:	La Crosse	State:	WI	Zip code: 54601
	Tel #:	(608) 775-6600			
	Website:	www.gundersenhealth.org/foundation			
Primary Contact Information:	Name:	Jessica Easterday, MBA, BSN, RN			
	Title:	Clinical Manager, Virtual Care			
	Tel #:	(608) 775-3031			
	Email:	jeeaster@gundersenhealth.org			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Gundersen Clinic, LTD.	La Crosse	WI	Health System	D
	Gundersen Palmer Lutheran Hospital and Clinics	Fayette*	IA	Rural Critical Access Hospital	O
	Gundersen St. Joseph's Hospital and Clinics	Vernon*	WI	Rural Critical Access Hospital	O
	Gundersen Boscobel Area Hospital and Clinics	Grant*	WI	Rural Critical Access Hospital	O
	Gundersen Tri-County Whitehall Clinic	Trempealeau*	WI	Rural Critical Access Hospital	O
	Gundersen Moundview Hospital and Clinics	Adams*	WI	Rural Critical Access Hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input checked="" type="checkbox"/>	Latin-x	
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured	
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:	
	Native Americans		<input checked="" type="checkbox"/>	Other:	
	Pacific Islanders		<input type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care	

	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Epic			

Project Description:

The overall goal of this project is to provide increased access to care in our rural communities and decrease the overall cost of care by reducing the need for travel-related expenses. These facilities are the only Emergency Services in their respective counties and rely on Tele-emergency capabilities for specialty services in which consultation is provided with a stroke specialist or other emergency service specialist located at the central hub. Through funding, the expansion of this service will be achieved beyond the services currently provided via Telemedicine.

Telemedicine carts will be also available when not in use to provide additional communication between the central site and rural sites for administrative meetings and staff training. The telehealth network will be sustained by patient fees once the federal funding ends. The grant allows for the purchase of equipment and training for network expansion which is not directly reimbursed through patient fees.

The sites included in this request had an average total unique patient count of 5,169 in 2019, and we expect this figure to rise by 3-5 % each year of the project. It is our expectation that 15% of these visits will be handled via our Telemedicine program upon implementation, and it is an organizational aim to increase that percentage to 40% system wide. Data from these visits will be compiled and evaluated to show usage of this program, and patient surveys will be collected to gauge the quality of care the program provides.

Expected Outcomes:

The overall goal for this project is to increase access to quality care in our rural communities and to reduce the need for emergent patients to be transferred to our main campus. By increasing access to Trauma, OB, Pediatrics, Stroke, Behavioral Health, and other services that will be provided through our Telemedicine program, we will be able to see a measurable reduction in those transfers, and a significant number of patients seen through video conferencing in our rural communities.

The care will be provided in our rural facilities, through Wireless carts that conference to our hospitalists in our central La Crosse campus. There is an existing network in place between these locations, which provides services. This level of care will be improved through funding that will allow for wireless connection and eliminate the need to reconnect in each patient room, which expands the capability of our facilities to deliver care.

The project seeks to provide high-quality care to ensure that patients in rural communities can receive comparable levels and types of care as the patients in our urban service area. This will be measurable through patient survey data.

Further, the project aims to reduce overall costs to patients, which is an overall goal of the organization. While the patient billing amounts for Telemedicine appointments are identical to their in-person counterparts, it is possible to reduce costs by reducing the need for multiple appointments to patients and having a more direct line to specialty care in rural communities. Also having appointments in the rural communities will reduce the need for travel.

Evidence Based/ Promising Practice Model Being Used or Adapted:

This project will promote the use of Telemedicine Emergency care by providing rural patients access to services that were formerly offered exclusively in urban areas. The rural facilities participating in this project will be motivated to maintain programs to reduce costs associated with transferring patients, and patients will be motivated to take Telemedicine appointments to access care that would otherwise require significant travel costs.

The current process for telemedicine visits is to place a phone call through Medlink and have an initial conversation regarding the situation the patient is experiencing. If the needs of the patient fit the Telemedicine model, the wired telemedicine cart is brought into the room, and a video call is initiated to the La Crosse campus.

Working with the information systems computer team and corporate research team, it will be possible to track and compare the changes with the increase in telehealth services. Current GHS quality assessments measure the following areas: transfer, rates of hospital admission, readmission, transfer time to tertiary facilities, patient outcomes, performance on clinical quality measures, cost efficiency, and patient and provider satisfaction. The GHS IS team will be able to identify patient appointments that would be done at the main campus versus telehealth appointments in rural communities. It will be possible to track the increase in telehealth appointments that would have otherwise been done at the main campus, and we will calculate the cost savings for patients due to not having to travel. In year one of the project, the focus will be on creating an estimate of cost savings per access hospital as well as identifying patient care that benefits greatest with telehealth expansion services.

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Idaho

The Hospital Cooperative

Grant Number:	H2ARH39960				
Organization Type:	Non-profit hospital consortium				
Grantee Organization Information:	Name:	The Hospital Cooperative			
	Address:	500 South 11 th Avenue, Suite 503			
	City:	Pocatello	State:	Idaho	Zip code: 83201
	Tel #:	208-239-1951			
	Website:	www.hospitalcooperative.org			
Primary Contact Information:	Name:	Robert Cuoio			
	Title:	CEO			
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	Email:	Robert@hospitalcooperative.org			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Portneuf Medical Center	Bannock*	ID	Hospital	O
	Bear Lake Memorial Hospital	Bear Lake	ID	Hospital	D
	Caribou Memorial Hospital	Caribou*	ID	Hospital	D
	Power County Hospital District	Power	ID	Hospital	D
	Madison Memorial Hospital	Madison*	ID	Hospital	D
	Nell J. Redfield Memorial Hospital	Oneida*	ID	Hospital	D
	Star Valley Health	Lincoln	WY	Hospital	D
	Steele Memorial Medical Center	Lemhi*	ID	Hospital	D
	Teton Valley Health	Teton *	ID	Hospital	D
	Bingham Healthcare	Bingham*	ID	Hospital	D
	Franklin County Medical Center	Franklin	ID	Hospital	D
	Lost Rivers Medical Center	Butte*	ID	Hospital	D
	Minidoka Memorial Hospital	Minidoka*	ID	Hospital	D
	Eastern Idaho Regional Medical Center	Bonneville*	ID	Hospital	O
	South Lincoln Medical Center	Lincoln	WY	Hospital	D
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input type="checkbox"/>	Uninsured	
	School-age children (teens)		<input type="checkbox"/>	Other:	

Focus areas of grant program:	Native Americans	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke	<input checked="" type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Various vendors and applications dependent on facility			

Project Description:

The Hospital Cooperative (THC) is a 501(c)3 non-profit hospital consortium of 17 hospitals, with 15 located in Idaho and 2 located in western Wyoming. Eight of the members operate a long-term care facility that is co-located with the hospital. They are the only long-term care providers in the community and very important in the overall health management of their counties. THC hospitals serve a vast geographic area of over 30,000 square miles.

Most of the sites already have telehealth network capacity (South Lincoln Medical Center in Kemmerer, WY is a new facility currently without telehealth services). Through funding provided by the Office for the Advancement of Telehealth (OAT) in 2006, THC was able to establish the Cooperative Telehealth Network. The Cooperative Telehealth Network has been very successful in making the following healthcare services available within the network: adult psychiatry, child/adolescent psychiatry, oncology, pharmacy consultation, burn, stroke, neonatology advising, and ICU.

THC recognizes that telehealth, specifically, tele-emergency clinical services, is a major benefit to rural patients. During Year 1 and Year 2, the project will have two entities expanding their tele-emergency services. The project is planning to make tele-emergency care services available in other member sites in the following years. Specifically, the project will expand an additional two sites for tele-EMS in Year 3 and Year 4 of the proposed funding cycle. The region needs an emergency care program, and the member hospitals support the development of that service. THC feels it is appropriate and responsible to consider tele-infectious disease in Year 1 and Year 2, as COVID-19 showed that rural sites have very little access to that specialty.

In Year 1 the Cooperative Telehealth Network will be focusing on Tele-stroke and tele-behavioral health. The service will be extended to two rural facilities, one facility houses a Long-Term Care Center. During Year 2, telehealth services will continue with tele-emergency services. Year 3 will have at least one new tele-stroke site. We are hopeful to incorporate tele-EMS in Year 4, a service that is completely new to surrounding communities.

Expected Outcomes:

The project's anticipated added value to health care includes reducing the length of stay and hospital mortality rates. This program will also reduce unnecessary transfers which are very costly to the patient and entire health care system. In the Cooperative Telehealth Network's project, we will be measuring the following indicators (along with any other indicators suggested by the Office for the Advancement for Telehealth): Number of Tele-ED Consultations, 30-day ED Re-admission Rate, Number of Averted Transfers, Reason for Originating Site Visit, and Tele-emergency Service Utilization.

It is important to note that the goals of this rural telehealth program are to increase access to emergency care health services. Therefore, it is probable that the program will induce two initial effects: 1) increase aggregate health care costs because of increased access to services and higher utilization. In many cases the proposed services are either not available or available at high opportunity cost to patients and to providers; and 2) reduce actual unit, per patient and per episode cost by increasing the number of patients seen per provider and per session.

The belief is that the tele-emergency care program will become self-sustaining as the facilities will be able to be reimbursed for the room rates and services performed through insurance companies.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The project will be utilizing established telehealth partners who have long-standing experience in successfully implementing telehealth programs and clinical service lines. Along with THC's own successful telehealth implementation history, it is anticipated that THC will be able to provide tele-emergency services to all rural partners.

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	Tel #:	435-901-1012				
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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

Indiana

Indiana Rural Health Association

Grant Number:	H2ARH30298				
Organization Type:	Not for profit organization				
Grantee Organization Information:	Name:	Indiana Rural Health Association			
	Address:	1418 N 1000 W			
	City:	Linton	State:	Indiana	Zip code: 47441
	Tel #:	(812)-478-3919			
	Website:	https://www.indianaruralhealth.org			
Primary Contact Information:	Name:	Bryce Wray-Nelson			
	Title:	Program Director			
	Tel #:	(317)-607-3639			
	Email:	bwray-nelson@indianarha.org			
Expected funding level for each budget period:	Month/Year to Month/Year			Amount Funded Per Year	
	Sep 2020 to Aug 2021			\$276900	
	Sep 2021 to Aug 2022			\$300000	
	Sep 2022 to Aug 2023			\$300000	
	Sep 2023 to Aug 2024			\$300000	
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Adams Memorial Hospital	Adams*	IN	Independent/Not for Profit CAH Hospital	O
	Cameron Memorial Community Hospital	Steuben*	IN	Independent/Not for Profit CAH Hospital	O
	Daviess Community Hospital	Daviess*	IN	Independent/Not for Profit PPS Hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input type="checkbox"/>	Uninsured	
	School-age children (teens)		<input type="checkbox"/>	Other:	
	Native Americans		<input type="checkbox"/>	Other:	
	Pacific Islanders		<input type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development	
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care	
	Opioid/Substance Use Disorder		<input type="checkbox"/>	Maternal/Women's Health	
	Telehealth Network/Infrastructure Development		<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	

	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>	
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>	
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>	
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>	
Telehealth/Health Information Technology System(s)	REDCap		All Scripts		
Project Description:					
<p>Crossroads Partnership for Telehealth works with rural healthcare partners to help expand tele-ED services to better serve the needs of rural communities. Included in this program are services to allow partners to institute tele-stroke services (tele-neurology consultation), tele-trauma, and tele-EMS services.</p> <p>Through partnership, dialogue, and implementation, Crossroads helps to encourage sustainable telehealth programming that will improve health outcomes in rural and medically underserved areas.</p>					
Expected Outcomes:					
<p>During the first year, the Crossroads team, in partnership with clinical partners, estimates that each of the two critical access hospital (CAH) partners will host roughly 200 unduplicated visits and the one rural Prospective Payment System (PPS) hospital will host roughly 150 unduplicated visits, severely impacting the intended target populations in a positive manner. With growth over a four-year pending opportunity, it is anticipated the project will reach 1,400 unique visits total.</p>					
Evidence Based/ Promising Practice Model Being Used or Adapted:					
N/A					
Project Officer (PO) Contact Information:	Name:	Sarah Kolar			
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	Organization:	CSI Solutions			
	City:	Kensington	State:	Maryland	Zip code:

Indiana

Indiana University Health

Grant Number:	H2ARH39961				
Organization Type:	Hospital				
Grantee Organization Information:	Name:	Indiana University Health			
	Address:	340 W 10th St			
	City:	Indianapolis	State:	Indiana	Zip code: 46202
	Tel #:	317-370-0992			
	Website:	www.iuhealth.org			
Primary Contact Information:	Name:	Carrie Hesler			
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	Tel #:	317-430-7739			
	Email:	Chesler@iuhealth.org			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$299,647		
	Sep 2021 to Aug 2022		\$299,978		
	Sep 2022 to Aug 2023		\$299,978		
	Sep 2023 to Aug 2024		\$299,978		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Henry County Health	Henry*	IN	Hospital	O
	Margaret Mary Health	Ripley*	IN	Hospital	O
	Rush Memorial Hospital	Rush*	IN	Hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured	
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:	
	Native Americans		<input checked="" type="checkbox"/>	Other:	
	Pacific Islanders		<input checked="" type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input type="checkbox"/>	Provider/Workforce Development	
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care	
	Opioid/Substance Use Disorder		<input checked="" type="checkbox"/>	Maternal/Women's Health	
	Telehealth Network/Infrastructure Development		<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	
	Tele-Home Care/Remote Patient Monitoring		<input type="checkbox"/>	Patient Engagement	

	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Cerner			

Project Description:

The three rural hospitals targeted for the virtual behavioral health (vBH) expansion include Henry County Health (Henry County), Margaret Mary Health (located in Ripley County with approximately 60% of patient volume from Ripley County and 40% from Franklin County), and Rush Memorial Hospital (Rush County). Two of these hospitals—Margaret Mary Health and Rush Memorial Hospital—are designated as critical access hospitals (CAH).

Patients that present to these EDs who identify as having—or who providers diagnose as having—a mental health issue or substance use disorder (SUD) will be connected in the ED with a master's-level assessment specialist for an intake assessment followed by a formal psychiatric assessment completed by an advanced practice provider (psychiatric nurse practitioner), both of whom will be based at the vBH hub in Indianapolis. Following the intake and psychiatric assessments, the hub and originating site ED personnel will collaboratively determine a care plan for the patient.

If SUD is diagnosed, the originating site ED nurse will connect patient virtually with a trained PRC for SUD support at the ED. Patients are also connected in the ED with a patient navigator to connect them with local behavioral health resources. The patient navigator and/or PRC will follow-up with each patient for up to one year to ensure that they remain engaged in a continuum of care.

Expected Outcomes:

The expanded virtual behavioral health (vBH) network will generate a significant number of patient encounters each year in order to inform a broad-scale analysis by the Federal Office of Rural Health Policy of the impact of the vBH services in rural areas. As detailed in the following table, IU Health plans to reach 2,687 unduplicated patients during the first year of the grant period, increasing to 2,911 unduplicated patients by year 4. These numbers represent the number of patients with a primary diagnosis of a behavioral health condition anticipated to visit the three EDs during the grant period. IU Health anticipates providing virtual behavioral health consults to approximately 30% of these patients due to a variety of factors.

Table 1. Unduplicated Behavioral Health ED Visits to the Originating Sites (Years 1-4)

	Year 1	Year 2	Year 3	Year 4
Henry County Health	1,175	1,198	1,221	1,244
Margaret Mary Health	1,440	1,483	1,527	1,572
Rush Memorial Hospital	72	80	88	95
Total	2,687	2,761	2,836	2,911

The actual number of unduplicated

Evidence Based/ Promising Practice Model Being Used or Adapted:**Methods for Fulfilling Goals and Objectives**

The overall goal of the proposed "Virtual Emergency Behavioral Healthcare in Rural Indiana" project is to provide rural, underserved patients in Indiana with emergency access to behavioral health specialists and engage them in a continuum of care to reduce future emergency care utilization and improve their health outcomes

Objectives:

1. Expand IU Health's advanced virtual behavioral health (vBH) network by establishing vBH services in three rural, independent hospital EDs located in mental health HPSAs in Indiana
2. Provide 24/7 virtual psychiatric services and peer recovery coaching on a 24/7/365 emergency basis in the three rural EDs
3. Engage patients utilizing these emergency vBH services in a continuum of care to improve their health outcomes and reduce future emergency care utilization.

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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

Montana

Intermountain Health Care, Inc.

Grant Number:	H2ARH39962				
Organization Type:	Nonprofit hospital				
Grantee Organization Information:	Name:	Intermountain Health Care, Inc.			
	Address:	5171 S Cottonwood St Bldg 1 #400			
	City:	Salt Lake City	State:	Utah	Zip code: 84107
	Tel #:	(801) 442-4541			
	Website:	www.intermountainhealthcare.org			
Primary Contact Information:	Name:	Kayla Sanders			
	Title:	Network Director			
	Tel #:	(406) 459-9769			
	Email:	planninggrant@outlook.com			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$299,692		
	Sep 2021 to Aug 2022		\$299,926		
	Sep 2022 to Aug 2023		\$299,963		
	Sep 2023 to Aug 2024		\$299,981		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Marcus Daly Memorial Hospital	Ravalli*	MT	Critical Access Hospital	O
	Deer Lodge Medical Center	Powell*	MT	Critical Access Hospital	O
	Granite County Medical Center	Granite*	MT	Critical Access Hospital	O
	Healthy Granite County Network	Granite*	MT	Nonprofit Health and Social Service Agency	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured	
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:	
	Native Americans		<input checked="" type="checkbox"/>	Other:	
	Pacific Islanders		<input type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input type="checkbox"/>	Provider/Workforce Development	
	Care Coordination		<input checked="" type="checkbox"/>	Integrated Systems of Care	

	Opioid/Substance Use Disorder	<input checked="" type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Athenahealth	Intermountain Connect Care Pro		
	American Well Clinical Workflow	Tytocare Clinic		

Project Description:

Healthy Granite County Network (HGCN), an existing community coalition and behavioral health network is partnering with Intermountain Healthcare in Salt Lake City, Utah to create Healthy Southwest Montana. This project will enhance HGCN by delivering 24-hour Emergency Department crises and consultation services via telehealth to rural providers without emergency care specialists and expand the network membership to include two additional counties, Powell and Ravalli.

HGCN includes critical access hospitals, community health centers, primary care and behavioral health care providers, local school districts, and first responder agencies. Two current network members, Granite County Medical Center and Deer Lodge Medical Center are serving as originating sites. Other network members will be eligible to serve as rural originating sites (schools, first responders, etc.) once the network is launched and services established. The existing structure of HGCN will be expanded to include Powell and Ravalli counties with additional partners from each of these counties including community health centers; primary care and behavioral health care providers; first responder agencies; and a 24-hour emergency telehealth care provider and telehealth expert, Intermountain. Currently, the project is onboarding two other rural critical access hospitals (CAHs) Mountain View Medical Center and St. Luke Community Healthcare. This expansion will create Healthy Southwest Montana, which will serve as a workgroup of the network through the period of performance. The network expansion will become permanent by the end of the funding period and activities absorbed into the overall function of the network.

This project focuses on tele-behavioral or tele-crisis as a form of tele-emergency. All hospitals in the network are CAHs serving very rural, high needs, and underserved areas. Intermountain will provide 24-hour Emergency Department (ED) consultation services, training, and support to network members. They will serve as the tele-emergency hub, providing access to tele-behavioral health care, including psychiatric care, to EDs and first responders when the ED does not have capacity for a person in crisis. Healthy Southwest Montana plans to continue to expand services beyond the three original project counties into surrounding counties in rural western Montana.

Expected Outcomes:

Healthy Southwest Montana will expand access to, coordinate, and improve the quality of health care services through telehealth services. This project will increase access to behavioral health in rural emergency departments; increase utilization of telemedicine services; and improve local workforce and skillsets. Healthy Southwest Montana will provide increased behavioral health follow up care for rural community residents and expand and improve the quality of health information available to patients and their families for decision-making. Annually, 80% of provider encounters that involve an emergency behavioral health crisis will be provided an assessment via tele consult; 90% of those provided a tele-emergency assessment/consultation will be connected to behavioral health care in the community; 90% of those who complete a training will demonstrate an increase in skills or knowledge; 100% of participating sites will have access to a Psych NP in ED; 80% of patients will have family included in their decision making via telehealth multidisciplinary team meetings; and 80% of health care provider network members will access at least one health information training each year.

Evidence Based/ Promising Practice Model Being Used or Adapted:

Healthy Southwest Montana will use a model of care that has been shown to be effective with similar rural populations. The care model of Avera eCare wherein rural providers are connected to a team of specialists in an urban hub. In the Avera eCare model, Avera Health provides 24-hour virtual access to specialty care physicians, nurses, and pharmacists. Healthy Southwest Montana, through Intermountain, will provide the same level of care as well as the collegial support and professional education that is included

in the Avera model. Intermountain's Connect Care Pro® program has a similar structure to Avera eCare in that it is a hub with an extensive telehealth infrastructure and access to specialists. It has been shown to decrease mortality rates by 33% in community hospitals and decrease hospital stays by 7%.

The project also uses community health workers, which is considered an effective evidence-based model recommended by the Centers for Disease Control, HRSA, and the Office of Rural Health. The community health workers will work to increase access to behavioral healthcare services and improve disease management. They will assist with public health education, care coordination, providing community resources, enrollment in government programs, and outreach to difficult to engage patients and their families.

Project Officer (PO) Contact Information:	Name:	Carlos Mena				
	Tel #:	301-443-3198				
	Email:	CMena@hrsa.gov				
	Organization:	Federal Office of Rural Health Policy				
	City:	Rockville	State:	Maryland	Zip code:	20857
Technical Assistance (TA) Consultant Contact Information:	Name:	Christine St. Andre				
	Tel #:	435-901-1012				
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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

Maine

MaineHealth

Grant Number:	H2ARH39963					
Organization Type:	Nonprofit hospital system					
Grantee Organization Information:	Name:	MaineHealth				
	Address:	110 Free Street				
	City:	Portland	State:	Maine	Zip code: 04101	
	Tel #:	(207) 661-7001				
	Website:	www.mainehealth.org				
Primary Contact Information:	Name:	Stephanie Gagne				
	Title:	Telehealth Program Manager				
	Tel #:	(207) 232-1085				
	Email:	slgagne@mainehealth.org				
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year			
	Sep 2020 to Aug 2021		\$297,976			
	Sep 2021 to Aug 2022		\$282,578			
	Sep 2022 to Aug 2023		\$287,391			
	Sep 2023 to Aug 2024		\$292,325			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSC or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)	
	Franklin Community Health Network	Franklin*	ME	Hospital	O	
	Lincoln County Healthcare	Lincoln*	ME	Critical Access Hospital	O	
	Memorial Hospital North Conway, NH	Carroll*	NH	Critical Access Hospital	O	
	Mid Coast Hospital	Sagadahoc*	ME	Hospital	O	
	Pen Bay Medical Center	Knox*	ME	Hospital	O	
	Stephens Memorial Hospital	Oxford*	ME	Critical Access Hospital	O	
	Waldo County General Hospital	Waldo*	ME	Critical Access Hospital	O	
	Southern Maine Health Care	York*	ME	Hospital	O	
	Maine Medical Center	Cumberland*	ME	Tertiary Care Hospital	D	
Target population served:	Population		Yes	Population		Yes
	Adults		<input checked="" type="checkbox"/>	African Americans		<input checked="" type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians		<input checked="" type="checkbox"/>
	Infants		<input checked="" type="checkbox"/>	Latin-x		<input checked="" type="checkbox"/>
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)		<input checked="" type="checkbox"/>
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured		<input checked="" type="checkbox"/>
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>
	Native Americans		<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>

	Pacific Islanders	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input checked="" type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s)	Epic EHR	Cisco Jabber		
	OneCall Teletracking	MEFIRS		
	REDCap	Zoom		

Project Description:

The Delivering Rural Emergency Access to Multispecialty Services (DREAMS) program will expand MaineHealth's current tele-emergency services to better serve rural communities, providing critical specialty consultation to rural Emergency Departments across six Maine counties and to Carroll County New Hampshire. By providing enhanced care for patients, increasing learning opportunities for providers and decreasing transfer rates for low-acuity patients, MaineHealth will support seven regional hospital originating sites with cardiology, dermatology, general surgery, neonatology and adult and pediatric neurology (including tele-stroke and neurosurgery). With Maine being the most rural and oldest state in the U.S., the target patient populations to be reached by the DREAMS program are geographically isolated, economically needy, and face significant health care challenges; in sum, the communities to be reached by the proposed telehealth program are among the neediest in the state.

The DREAMS program will add a formal, synchronous, two-tiered eConsult order to the system-wide Epic EHR. Epic analysts will create an eConsult order for each specialty type, giving clinical staff at originating sites the ability to formally request a specialty consult. Through the first tier of eConsult implementation, specialty services will be able to document medical advice that would otherwise have been given over the phone. Having a first-hand documented record of a medical recommendation is crucial in the event a patient is transferred and the admitting attendee has changed since the time of the original call. Local care teams can learn from the specialist and may be better suited to support a patient with a similar condition in the future.

The second tier of the eConsult order allows the specialist to see the patient using tele-consult. This is engaged if the consulting physician deems their medical recommendation would be improved by laying eyes on the patient. This step provides the obvious value of allowing the consulting physician to see the patient and to get a first-hand look at the vital monitors to confirm data shared.

Among the advantages of implementing the eConsult order is the ability to collect data. Measurable data points will include the reason for the consult, the number of consults requested defined by specialty, tracking the time the consult is ordered, clear documentation of the medical recommendation, the number of patients that receive tele-consult and whether the patient still needs a transfer after a specialist consult (averted transfers). Averted transfers will prompt further data collection, including 30-day readmission rates, cost savings based on the mode of transportation and distance of averted transfer. Implementing eConsult into the EHR will improve the consultation process, allow for richer data collection and improve patient outcomes by reducing the burden of unnecessary transfers.

The proposed project will also provide Distance Learning for emergency department clinicians and staff. Project partner Northeastern University – specifically its Roux Institute – will serve as the training partner. MaineHealth is a founding partner of the Roux Institute and the Institute will leverage content from current Northeastern University *Virtual Care Certificate Modules* to train tele-emergency providers and care teams. The Center for Outcomes Research and Evaluation (at the Maine Medical Center

Research Institute) will assist with data collection and will analyze the clinical effectiveness of tele-emergency services in improving emergency medical outcomes.

Expected Outcomes:

The proposed project will deliver specialty care to rural emergency departments in six key specialties, chosen because of the prevalence of key conditions within the rural populations of Maine and Eastern New Hampshire. The specialties of focus are: Cardiology, Dermatology, General Surgery, Neonatology, Neurology/Telestroke and Neurosurgery. The project will provide improved access to specialists in remote areas of Maine and New Hampshire, leading to improved diagnosis and treatment; improved clinical outcomes; reduced unnecessary transfers; cost savings; and improved patient/family satisfaction.

In addition to the focus on six key specialties described above, the proposed project will also provide Distance Learning for emergency department clinicians and staff. The Roux Institute will serve as the training partner on the project, providing webinars, live events, and recordings made available to all of MaineHealth as a way to build awareness of best practices in telehealth. With the distance learning component, expected outcomes will also include improved skills and adherence to clinical protocols among local providers, in turn increasing the quality of emergency care provided across all of MaineHealth's rural local health systems.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The proposed project is based on several promising practice models whose results are described by Mueller et al (*Health Affairs* 33, No. 2 (2014): 228-234). The project is based upon positive research findings regarding tele-emergency programs that connect "distant ED physicians to cardiac, neurological, ophthalmological, trauma, and other specialties for consultation regarding specific clinical conditions...(where) specialists provide live video consultations, often connecting through computers in their offices or homes to the physicians in distant EDs". Among the outcomes cited in the authors' analyses of this model of tele-emergency care:

- Improved diagnosis and treatment – including tele-presence to guide specialized procedures;
- Improved guidance in stabilizing and preparing a patient for transfer;
- Improved skills among local providers;
- Improved adherence to clinical protocols;
- Delivery of recommendations for local care that reduce the rates of unnecessary transfers; and
- Cost savings (through the reductions in unnecessary air transport and inpatient stays).

Project Officer (PO) Contact Information:	Name:	Carlos Mena					
	Tel #:	301-443-3198					
	Email:	cmena@hrsa.gov					
	Organization:	Federal Office of Rural Health Policy					
	City:	Rockville	State:	Maryland	Zip code:	20857	
Technical Assistance (TA) Consultant Contact Information:	Name:	Laurel Simmons					
	Tel #:	781-999-1451					
	Email:	lsimmons@spreadinnovation.com					
	Organization:	CSI Solutions					
	City:	Kensington	State:	Maryland	Zip code:	20895	

Wisconsin

Marshfield Clinic Health System

Grant Number:	H2ARH30300-04-03				
Organization Type:	Integrated Health System				
Grantee Organization Information:	Name:	Marshfield Clinic Health System			
	Address:	1000 N. Oak Ave			
	City:	Marshfield	State:	Wisconsin	Zip code: 54449
	Tel #:	715-221-5816			
	Website:	www.marshfieldclinic.org			
Primary Contact Information:	Name:	Michael B. Christopherson			
	Title:	Senior Grant and Contract Specialist			
	Tel #:	715-389-3441			
	Email:	christopherson.michaelr@marshfieldclinic.org			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	MMC-Marshfield	Wood*	WI	Hospital	O/D
	MMC-Beaver Dam	Dodge*	WI	Hospital	O
	MMC-Neillsville	Clark*	WI	Hospital	O
	MMC-Rice Lake	Barron*	WI	Hospital	O
	MMC-Park Falls	Price*	WI	Hospital	O
	MMC-Ladysmith	Rusk*	WI	Hospital	O
	MMC-Minocqua	Oneida*	WI	Hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input checked="" type="checkbox"/>	Latin-x	
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured	
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:	
	Native Americans		<input checked="" type="checkbox"/>	Other:	
	Pacific Islanders		<input checked="" type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input type="checkbox"/>	Provider/Workforce Development	
	Care Coordination		<input checked="" type="checkbox"/>	Integrated Systems of Care	
	Opioid/Substance Use Disorder		<input checked="" type="checkbox"/>	Maternal/Women's Health	

	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
	InTouch/Teledoc		Cart Manufacturer	
	Cisco/Jabber		Software client for provider	
	Cattails/Cerner		EHR	

Project Description:

Marshfield Clinic Health System (MCHS) will transition its Tele-Stroke program, available in all EDs, to a Tele-ED program that includes additional services such as Cardiology, Pulmonary and Sexual Assault Nurse Examiner. Existing technology will be used in the ED, but new hardware (carts) will be purchased for in-patient floors. This is to allow patients to be retained in local hospitals. Currently, MCHS can connect a specialist to the ED, but does not have the ability to connect them to in-patient floors for continuous care when in in-patient status.

At the conclusion of this project, all Tele-Stroke Carts (8) will be converted to Tele-ED carts. Additionally, eight carts will be purchase and deployed to hospitals for inpatient telehealth. Two of these carts will be funded by MCHS as they are in urban designated areas. The other 6 carts support rural hospitals and will be funded with the grant.

Expected Outcomes:

There are several goals for this program. Through this grant project, MCHS seeks to:

1. Offer more specialty care in our rural hospitals
2. Reduce transfers to higher cost facilities for specialty Emergent Needs
3. Reduce transfers to higher cost facilities for admissions because the patient needs access to a specialist
4. Improve outcomes – Similar to Tele-Stroke, it is expected that connecting specialists with bedside providers will yield better health outcomes for patients

Evidence Based/ Promising Practice Model Being Used or Adapted:

Tele-Stroke is one of the few telehealth programs that has research data that strongly supports its ability to improve outcomes. MCHS's Tele-Stroke program was built using this model and has yielded shorter door-to-needle times for **tissue** plasminogen activator (tPA) administration and improved decision-making speed if a transfer is required for interventional radiology. All services added via this telehealth project will follow similar workflows and processes to ensure the highest adoption by providers and care teams.

It is expected that 50% of this project work will be completed in year 1 with the remaining hospitals completed in year 2. The most significant part of this project is the process to operationalize these services to deliver care via telehealth, which will be the primary focus in year 1.

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	City:	Rockville	State:	Maryland	Zip code: 20857
Technical Assistance (TA) Consultant Contact Information:	Name:	Laurel Simmons			
	Tel #:	781-999-1451			
	Email:	lsimmons@spreadinnovation.com			
	Organization:	CSI Solutions			
	City:	Kensington	State:	Maryland	Zip code: 20895

Tennessee

Maury Regional Hospital

Grant Number:	H2ARH39964				
Organization Type:	Hospital				
Grantee Organization Information:	Name:	Maury Regional Hospital			
	Address:	1224 Trotwood Avenue			
	City:	Columbia	State:	TN	Zip code: 38401
	Tel #:	(931)381-1111			
	Website:	www.mauryregional.com			
Primary Contact Information:	Name:	Shelia Barnes, MSN, Paramedic			
	Title:	Manager of Community Health (EMS)			
	Tel #:	(931)381-1111 ext; 2665			
	Email:	shbarnes@mauryregional.com			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Maury Regional Medical Center	Maury	TN	Hospital	O
	Lewis Health Center	Lewis*	TN	FQHC	D
	Wayne Medical Center	Wayne*	TN	Hospital	D
	Marshall Medical Center	Marshall*	TN	Critical Access Hospital	D
	Maury Regional Medical Center EMS – Maury	Maury	TN	EMS System	O
	Maury Regional Medical Center EMS – Lewis	Lewis*	TN	EMS System	O
	Maury Regional Medical Center EMS – Wayne	Wayne*	TN	EMS System	O
Target population served:	Population		Yes	Population	
	Adults	<input checked="" type="checkbox"/>		African Americans	<input checked="" type="checkbox"/>
	Elderly (65 or >)	<input checked="" type="checkbox"/>		Caucasians	<input checked="" type="checkbox"/>
	Infants	<input type="checkbox"/>		Latin-x	<input checked="" type="checkbox"/>
	Pre-school children	<input type="checkbox"/>		Women (incl. Pregnant)	<input checked="" type="checkbox"/>
	School-age children (elementary)	<input type="checkbox"/>		Uninsured	<input checked="" type="checkbox"/>
	School-age children (teens)	<input type="checkbox"/>		Other:	<input type="checkbox"/>
	Native Americans	<input checked="" type="checkbox"/>		Other:	<input type="checkbox"/>
	Pacific Islanders	<input checked="" type="checkbox"/>		Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health	<input type="checkbox"/>		Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>		Access: Specialty Care	<input type="checkbox"/>

	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input checked="" type="checkbox"/>	Integrated Systems of Care	<input checked="" type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input checked="" type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input checked="" type="checkbox"/>
	Health Education and Promotion	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s)	ESO, EMS patient care reporting	Video conferencing application		
	Zoll Data ECG transmission	Ultrasound software		
	Cerner	Cardiac monitor software		
	Cerner-Readmission prevention	Stethoscope software		
	Premier			

Project Description:

Maury Regional Health (MRH) is a community-owned health system in southern middle Tennessee. MRH provides healthcare services at three Hospitals, an FQHC Health Center, and a physician practice network as well as a host of other ancillary services. MRH provides Emergency Medical Services to Maury, Lewis, and Wayne Counties. This project will focus on patients who are discharged from a MRH facility, identified as a high risk for clinical deterioration, and in turn readmission. These patients will be identified using the readmission prevention solution that is part of the MRH medical record system. Once identified, these patients will be referred to the EMS project manager who is a nurse practitioner. The EMS project manager will review the information from the referred care manager and coordinate a paramedic to follow up with the patient. These follow-ups will be within 48-72 hours post-discharge and before the follow-up visit with the post-discharge provider. These visits will focus on the reason for the patient's initial admission. For example, if the patient was discharged after admittance for acute or uncontrolled congestive heart failure, the visiting paramedic will assess the patient's pulmonary functions, body weight, and blood pressure. These visits will also facilitate a virtual visit with the EMS project manager to review the findings of the visiting paramedic and allow the nurse practitioner the opportunity to review the patient's health and well-being. This will help to determine if there needs to be a change in the patient's post-discharge care or if other types of assistance are required for the patient to remain at home until the follow-up appointment. These visits can include an assessment of the patient's base vital signs, including lung sounds and body weight. If needed, advanced assessments can be performed by the Paramedics, which can include ISTAT blood analysis, electrocardiogram transmission, and digital ultrasound. All of these findings will be transmitted to the nurse practitioner who can provide guidance to the paramedic in the field and document the findings in the EMR.

Expected Outcomes:

In order to take care of the community, MRH is guided by the Triple Aim-improve health, enhance patient care, and reduce cost. The hope is that by providing intervention to patients who are at high risk for clinical deterioration and providing assessment and care in the patient's home, these patients can remain in good health post-discharge and not require repeat hospitalization. The patients at the most risk for failing to follow post-discharge care plans and/or failing to follow up with a provider for the diagnosed ailment are identified as elderly, low-income, rural citizens. These visits will improve their quality of life, the value of their healthcare, and the overall health of our population.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The model that will be used is a blend between the patient centered medical home, "No Place like Home" programs and community paramedics. The TeleEMS Courtesy Care Program will function in an expanded role within their current scope of practice as a resource to physicians and other practitioners. Other successful programs comparable to our proposed TeleEMS Courtesy Care Program are.

- 1) Western Eagle County Health Services District (WECAD Model). The Western Eagle County Health Services District, commonly known as WECAD, served 54,000 residents in Eagle County, CO. The goal of their Community Paramedic program is to "improve health outcomes among medically vulnerable populations and save healthcare dollars by

preventing unnecessary ambulance transports, emergency department visits, and hospital readmissions". The WECAD program is predominantly known as the rural Community Paramedicine model across the nation.

Mobile Integrated Healthcare Practice. MedStar in Fort Worth, Texas is currently serving more than 880,000 people. Like WECAD and Minnesota, Medstar's goal for their EMS Mobile Healthcare program is to achieve Triple Aim. MedStar has several programs that are centered around patient navigation and Mobile Integrated Healthcare.

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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

Maine

Penobscot Community Health Center, Inc.

Grant Number:	H2ARH39965				
Organization Type:	FQHC				
Grantee Organization Information:	Name:	Penobscot Community Health Center, Inc.			
	Address:	103 Maine Ave			
	City:	Bangor	State:	Maine	Zip code: 04401
	Tel #:	207-992-9200			
	Website:	www.pchc.com			
Primary Contact Information:	Name:	Ellen Thurlow			
	Title:	Project Manager II/Program Director			
	Tel #:				
	Email:	ellen.thurlow@pchc.com			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Jackman Community Health Center	Somerset*	ME	FQHC	O
	Winterport Community Health Center	Waldo*	ME	FQHC	O
	St. Joseph Hospital (Emergency Department)	Penobscot*	ME	Hospital	D
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	<input type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	<input type="checkbox"/>
	Infants		<input type="checkbox"/>	Latin-x	<input type="checkbox"/>
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>
	School-age children (elementary)		<input type="checkbox"/>	Uninsured	<input type="checkbox"/>
	School-age children (teens)		<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Native Americans		<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders		<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder		<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development		<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>

	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	EMR - Centricity		Telehealth equipment including ipads, examination equipment such as video otoscopes. etc.	

Project Description:

Penobscot Community Health Center (PCHC's) Telehealth Network Grant Program (TNGP) funded project is a Critical Access Physician Consultation & Extender (CAPCE) Program at the Jackman Community Health Center (JCHC) in Jackman, Maine and Winterport Community Health Center (WCHC) in Winterport, Maine, both rural designated care delivery sites. The primary goal of PCHC's CAPCE project is to demonstrate how telehealth networks are used to: expand access to, coordinate, and improve the quality of health care services – in particular, rural tele-emergency services by utilizing telehealth networks to deliver ED consultation services via telehealth to rural providers without emergency care specialists; improve and expand the training of health care providers (in this case paramedics and rural FQHC primary care providers); expand and improve the quality of health information available to health care providers, and patients and their families, for informed decision-making.

At JCHC through the Critical Access Physician Extender Program (CAPE), Critical Access Integrated Paramedics (CAIPS) will facilitate emergency physician care delivered via telemedicine during JCHC's nonbusiness hours. The CAIP will be responsible for intake, triage, telemedicine visit facilitation, and care of patients who present to or are transported to JCHC. The distant site physician will be physically located at St. Joseph Hospital Emergency Department (SJH ED) in Bangor, Maine. CAIPs will also provide support to JCHC physicians in the care of urgent and emergency patients during regular business hours as well provide in-home community support services and education to Jackman residents. At WCHC, Primary Care practitioners will pilot the use of telemedicine to consult with SJH ED physicians on urgent/emergency cases that present to the office.

Expected Outcomes:

PCHC's expected outcomes for our CAPE component at JCHC include: (1) renewed access to 24/7 urgent care in the absence of PCHC staff coverage, therefore local death rates will remain the same or decrease; (2) highly trained paramedics at CAIP level resulting in enhanced ability for ambulance team to treat patients locally, therefore ED transports will decrease (also decreasing cost of care); and (3) reduced hospitalization/re-hospitalization rates for area residents due to increased in-home support. Expected outcomes of the Consultation Program Pilot at WCHC include: (1) improved quality of emergency/urgent care delivery at the originating site, resulting in a reduction of ED transfers (also decreasing the cost of care), hospitalizations, and improved patient outcomes; and (2) an opportunity to analyze the clinical effectiveness of telehealth technology to support improved emergency medical outcomes in rural FQHCs.

Evidence Based/ Promising Practice Model Being Used or Adapted:

While no one model directly translates into the type of emergency and urgent care needed in Jackman and proposed by this project, there are existing physician extender models, such as the Navy's Independent Duty Medic (IDM) program, from which PCHC has adapted elements for the execution of our program. The CAPE program is based on the principles of these physician extender models, in which physicians extend their care using practitioners with less training in both the military and civilian settings. These models are considered forms of paramedicine, defined as a unique practice of medicine in which care is directed in its entirety by an overseeing physician, either directly through real-time medical direction or asynchronously through proscriptive protocols; care is delivered remotely from the location and practice of the physician; paramedicine practitioners develop clinical impressions or presumptive diagnoses that then guide them as to which treatment protocol to follow, paramedical care is 100% reliant on communication between a physician and the paramedicine practitioner; paramedicine is delivered as part of an organized system of care; paramedicine providers engage in life-long learning as medical knowledge, diagnoses, and treatments evolve. The consultation pilot to be implemented in Winterport is a simplified, modified version in which a qualified health practitioner is present but in need of enhanced support, as emergency care delivery is not their specialty.

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Technical Assistance (TA) Consultant Contact Information:	Name:	Christine St. Andre				
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	City:	Kensington	State:	Maryland	Zip code:	20895

Kentucky

Pikeville Medical Center, Inc.

Grant Number:	H2ARH39966					
Organization Type:	Hospital					
Grantee Organization Information:	Name:	Pikeville Medical Center, Inc.				
	Address:	911 Bypass Road				
	City:	Pikeville	State:	Kentucky	Zip code: 41501	
	Tel #:	606 430 3500				
	Website:	www.pikevillehospital.org				
Primary Contact Information:	Name:	Lisa Estep				
	Title:	VP Grants				
	Tel #:	606-213-5723				
	Email:	lisa.estep@pikevillehospital.org				
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year			
	Sep 2020 to Aug 2021		\$299,993			
	Sep 2021 to Aug 2022		\$277,622			
	Sep 2022 to Aug 2023		\$283,592			
	Sep 2024 to Aug 2024		\$291,879			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)	
	Pikeville Medical Center, Inc.	Pike*	KY	Hospital	O	
	The Ridge Behavioral Health Services	Fayette*	KY	Behavioral health system	D	
	Mountain Comprehensive Care Center	Pike*	KY	Behavioral health center	D	
	Pike County Board of Education	Pike*	KY	Education/school system	O	
Target population served:	Population		Yes	Population		Yes
	Adults		<input checked="" type="checkbox"/>	African Americans		<input type="checkbox"/>
	Elderly (65 or >)		<input type="checkbox"/>	Caucasians		<input type="checkbox"/>
	Infants		<input type="checkbox"/>	Latin-x		<input type="checkbox"/>
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)		<input type="checkbox"/>
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured		<input type="checkbox"/>
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>
	Native Americans		<input type="checkbox"/>	Other:		<input type="checkbox"/>
	Pacific Islanders		<input type="checkbox"/>	Other:		<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:		Yes
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care		<input type="checkbox"/>
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care		<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development		<input type="checkbox"/>
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care		<input type="checkbox"/>
	Opioid/Substance Use Disorder		<input type="checkbox"/>	Maternal/Women's Health		<input type="checkbox"/>

	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	EMR: Wellsoft	Telestroke: SOC Cart		
	Data: Wellsoft			

Project Description:

The Eastern Kentucky Tele-Psych Network (KTPN) program will expand Pikeville Medical Center's (PMC's) mental health services to help improve emergency medical outcomes for this rural, underserved community, especially those seeking help at the Emergency Department. Telemedicine has the potential to offer much-needed access to subspecialist services in rural areas. Hospitals without this technical capacity routinely transfer patients with complex critical care needs to larger medical centers for subspecialty care.

Funding will be used to further develop and more effectively implement the KTPN program, which will provide behavioral health-based care to individuals presenting to the PMC Emergency Department (ED). This will allow access to care twenty-four hours a day, seven days a week, even without a mental health specialist present in the ED. This program will allow patients to experience reduced wait times, address gaps in mental health care, reduce costs for patients as well as providers and reach a larger population of patients. The tele-psych services will also reach into a local school system and be utilized to treat students at Northpoint Academy, Pike County School District's public alternative school. In addition, tele-psych services will be used by the Pike County Health Department to assist patients in need of mental health evaluations. The Program will partner with The Ridge Behavioral Health System, a 110-bed hospital, providing psychiatric (mental health) and substance use disorder services to children, adolescents, adults, and senior citizens. The Ridge offers a full continuum of care from inpatient stabilization to outpatient individual counseling and medication management. Patients can begin services with the facility based on their acuity level and step up or down throughout their treatment journey without compromising any continuity of care.

The Ridge is an ideal partner for this program due to the facility's ability to offer excellent services. These include in-person services if a referral for inpatient treatment is needed as well as assessment and services via the telehealth platform (care assessments, individual counseling, and medication management). PMC will act as the originating site for the program. An ED technician familiar with the telehealth equipment and procedures will be present in the exam room to facilitate the consultation. This technician will remain with the patient throughout their ED visit. Both PMC and The Ridge already have an existing telehealth platform and equipment carts, though equipment carts will need to be purchased for the Pike County Health Department and Northpoint Academy.

This collaboration will result in fewer patients being transferred from PMC, and an added convenience to students/patients at North Point Academy and the Pike County Health Department of receiving treatment without a mental health provider having to travel to the location. Allowing patients to receive care closer to home significantly reduces their costs and is much more convenient for them and their families. Many times, patients and their families struggle with the financial burden associated with travel to and from larger medical centers. This program will also reduce travel time and stress for mental health providers and allow them to see more patients since they will spend less time traveling.

Expected Outcomes:

The goal of KTPN is to improve the patient experience and population health, while reducing cost and increasing provider and patient satisfaction. This will be accomplished by providing mental health services 24 hours a day, seven days a week in rural Central Appalachia, Eastern Kentucky which will improve patient experience through decreased wait and treatment times; providing quicker and more convenient access which will increase patient satisfaction; reducing costs of care for providers and patients with outcomes will be less stress on ED physicians, nurses, and support staff; and by improving care coordination and in-turn patient satisfaction as a result of the multidisciplinary, team-based aftercare plan.

At-risk patients will have expanded access to mental healthcare and specialists. The outcomes of supporting reimbursements will be: reduced intake time for the ED, reduced travel time for patients and healthcare workers, increased number of individuals meeting with behavioral health specialists, improved population health, increased direct access to therapy for individuals with physical, medical and/or mobility disabilities, increased access to disability specialists regardless of geographic area, increased access to services in areas with few mental health resources, and increased access to psychologists with disability training and experience.

To identify, pursue and implement opportunities by research reimbursement opportunities from Medicare, Medicaid, and private insurers to finance telehealth services, by identifying ways to finance the program through value-based payment mechanisms, such as accountable care organizations (ACOs), collaborating with policymakers, Medicaid officials, and private insurers to make changes to reimbursement policies and achieve long-term sustainability for their telehealth programs, and disseminating and making available best practice principles of the program for other health care facilities interested in a similar program.

Evidence Based/ Promising Practice Model Being Used or Adapted:

In the KTPN model, telehealth serves as a leading tool for increasing access to specialty care. There is no question that specialists offer more advanced care than primary care providers, but access is restricted based on physician referral, geographic location, and insurance type. Specialists also tend to be in urban areas, and there are fewer of them when compared to primary care providers. Rather than facing the challenge of staffing remote locations with specialty providers, telehealth allows specialists to connect with rural patients and providers virtually. This expands rural patients' access to specialty care and enables rural providers to engage and connect with specialty providers, allowing them to better serve their patients.

The KTPN Network takes best practices and lessons learned from several evidence-based practice models. For example, Community Health Center, Inc.'s (CHCI) and the Weitzman Institute's School-based Consultations for Rural Pediatric Telehealth (SCRiPT) Network increase access to specialty care at rural school-based health centers (SBHCs) across six states through two forms of telehealth, electronic consultations (eConsults) and video tele-mentoring. This SCRiPT project's SBHC staff also receive tele-mentoring through weekly Project ECHO sessions provided by CHCI, which allows SBHC staff to discuss cases, receive training, and build their capacity to provide care. This KTPN project incorporates this model with Northpoint Academy, in conjunction with The Ridge and Mountain Comprehensive Care Center, by offering remote psych consults at the school and offering training sessions to school personnel to better care for students with mental and behavioral health issues.

There are also many successful evidence-based practice models that improve access to emergency psych, mental, and behavioral health care in rural settings. One strong example is the South Carolina Department of Mental Health's (SCDMH) Emergency Department Telepsychiatry Consultation Program, which was established to connect patients in emergency departments across the state with psychiatrists in urban practices. As the program has grown, SCDMH has expanded the program to include telehealth sites in community mental health centers and mental health clinics. The program is the largest provider of telepsychiatry in South Carolina. The KTPN Network is doing this exact model in the large, widespread Eastern Kentucky region.

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South Dakota

Sanford Health

Grant Number:	H2ARH39967				
Organization Type:	Health System				
Grantee Organization Information:	Name:	Sanford Health			
	Address:	1305 W 18 th St			
	City:	Sioux Falls	State:	South Dakota	Zip code: 57105
	Tel #:	605-333-1000			
	Website:	www.sanfordhealth.org			
Primary Contact Information:	Name:	Ryan Narlock			
	Title:	Program Director/ Program Manager			
	Tel #:	701-234-4513			
	Email:	Ryan.narlock@sanfordhealth.org			
Expected funding level for each budget period:	Month/Year to Month/Year			Amount Funded Per Year	
	Sep 2020 to Aug 2021			\$300,000	
	Sep 2021 to Aug 2022			\$300,000	
	Sep 2022 to Aug 2023			\$300,000	
	Sep 2023 to Aug 2024			\$300,000	
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Sanford Medical Center	Minnehaha	SD	Non Profit Hospital	D
	Sanford Medical Center Fargo	Cass	ND	Non Profit Hospital	D
	Sanford Bismarck Medical Center	Burleigh	ND	Non Profit Hospital	D
	Sanford Aberdeen Medical Center	Brown*	SD	Non Profit Hospital	O
	Douglas County Memorial Hospital	Douglas*	SD	Non Profit Hospital	O
	Sanford Bagley Medical Center	Clearwater*	MN	Non Profit Hospital	O
	Sanford Bemidji Medical Center	Beltrami*	MN	Non Profit Hospital	O
	Community Memorial Hospital	Gregory*	SD	Non Profit Hospital	O
	Sanford Canby Medical Center	Yellow Medicine*	MN	Non Profit Hospital	O
	Sanford Canton Inwood Medical Center	Lincoln*	SD	Non Profit Hospital	O
	Sanford Chamberlain Medical Center	Brule*	SD	Non Profit Hospital	O
	Sanford Clear Lake Medical Center	Deuel*	SD	Non Profit Hospital	O
	Sanford Medical Center Hillsboro	Trail*	ND	Non Profit Hospital	O
	Sanford Jackson Medical Center	Jackson*	MN	Non Profit Hospital	O
	Sanford Laverne Medical Center	Rock*	MN	Non Profit Hospital	O
	Mahnomen Health Center	Mahnomen*	MN	Non Profit Hospital	O

	Sanford Medical Center Mayville	Trail*	ND	Non Profit Hospital	0
	Ortonville Area Health Services	Big Stone*	MN	Non Profit Hospital	0
	Perham Health	Otter Tail*	MN	Non Profit Hospital	0
	Sanford Sheldon Medical Center	O'Brien*	IA	Non Profit Hospital	0
	Murray County Medical Center	Murray*	MN	Non Profit Hospital	0
	Northwood Deaconess Health Center	Grand Forks*	ND	Non Profit Hospital	0
	Sanford Thief River Falls Medical Center	Pennington*	MN	Non Profit Hospital	0
	Sanford Tracy Medical Center	Lyon*	MN	Non Profit Hospital	0
	Sanford Vermillion Medical Center	Clay*	SD	Non Profit Hospital	0
	Pioneer Memorial Hospital & Health Services	Turner*	SD	Non Profit Hospital	0
	McKenzie County Health System	McKenzie*	ND	Non Profit Hospital	0
	Sanford Webster Medical Center	Day*	SD	Non Profit Hospital	0
	Sanford Westbrook Medical Center	Cottonwood*	MN	Non Profit Hospital	0
	Sanford Wheaton Medical Center	Traverse*	MN	Non Profit Hospital	0
	Windom Area Health	Cottonwood*	MN	Non Profit Hospital	0
	Winner Regional Health	Tripp*	SD	Non Profit Hospital	0
	Sanford Worthington Medical Center	Nobles*	MN	Non Profit Hospital	0
	Orange City Area Health System	Sioux*	IA	Non Profit Hospital	0
	LifeCare Medical Center	Roseau*	MN	Non Profit Hospital	0
	Lake Regions HealthCare	Otter Tail	MN	Non Profit Hospital	0
Target population served:	Population	Yes	Population		Yes
	Adults	<input checked="" type="checkbox"/>	African Americans		<input checked="" type="checkbox"/>
	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians		<input checked="" type="checkbox"/>
	Infants	<input type="checkbox"/>	Latin-x		<input type="checkbox"/>
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)		<input checked="" type="checkbox"/>
	School-age children (elementary)	<input type="checkbox"/>	Uninsured		<input type="checkbox"/>
	School-age children (teens)	<input type="checkbox"/>	Other:		<input type="checkbox"/>
	Native Americans	<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>
	Pacific Islanders	<input type="checkbox"/>	Other:		<input type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:		Yes
	Tele-Behavioral/Mental Health	<input type="checkbox"/>	Access: Primary Care		<input type="checkbox"/>
	Tele-Stroke	<input checked="" type="checkbox"/>	Access: Specialty Care		<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development		<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care		<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health		<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management		<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement		<input checked="" type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management		<input type="checkbox"/>

	Health Education and Promotion	<input type="checkbox"/>	Other: Tele-Burn	<input checked="" type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Epic		American Well	

Project Description:

The purpose of the One Connect Emergency Network is to expand the existing mature tele-emergency infrastructure to improve access to quality healthcare services and maintain the network's sustainability. Activities include replacement of an existing ER equipment for the network partners and hub sites, an integrated platform for tele-stroke, an expansion of neurology telehealth services into Bismarck, business development, and the creation of a system of ongoing training for originating sites. The approach to implementing the core activities will include a phase-in process across the four-year award, beginning with the upgrade of the ER equipment and integration of the tele-stroke platform in years 1-3. The following phase will include the expansion of neurology services to the Bismarck area in year 2, followed by the business development and ongoing training in years 3 and 4.

Expected Outcomes:

The One Connect Emergency Network plan incorporates the following goals and accompanying objectives:

Goal 1: Expand access to, coordinate, and improve the quality of health care services.

Objective 1.1: Build an infrastructure for effective project leadership.

Objective 1.2: Evaluate new equipment for ER HUBs and network partners.

Objective 1.3: Extend tele-stroke solution to Bismarck Neurology physicians.

Objective 1.4: Expansion of Network.

Goal 2: Improve and expand the training of health care providers.

Objective 2.1: Provide One Connect biannual tele-stroke education sessions.

Objective 2.2: Formalize mock scenario module for tele-stroke.

Objective 2.3: Create business development materials for One Connect Network.

Objective 2.4: Disseminate education learnings and project outcomes annually to all stakeholders, relating to changes in system processes and culture.

Goal 3: Expand and improve the quality of health information available to health care providers and patients and their families for decision-making.

Objective 3.1: Evaluate integrated solution for provider experience.

Objective 3.2: Establish ongoing relationships with patients.

Objective 3.3: Create a robust feedback process.

Evidence Based/ Promising Practice Model Being Used or Adapted:

In the initial phases of this project, the Project Team, Governance Board, and Telemedicine Team will collaborate to discuss the goals and objectives of the project and create a comprehensive set of protocols using evidenced-based models for the identification and development of an appropriate platform. With the help of the Telemedicine Team, these groups will determine what functionality is required of the platform and utilize Pugh Matrix strategic decision-making processes to conduct a thorough investigation of requirements, cost analysis, and platform options. Seamless implementation of the platform that enhances processes across participating sites is necessary for minimal impact to patient care. After conducting the strategic review of platform candidates, the Project Team and Telemedicine team will work together to create a comprehensive implementation plan for the chosen platform. The project leadership infrastructure in place will provide guidance from stakeholders and individual sites to ensure each invested network site is included in the planning and evaluation. The project leadership infrastructure will additionally provide guidance in enhancing the services to the rural target population by providing a selection and review process for potential expansion sites.

**Project Officer (PO)
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		Zip code:	20857

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	Organization:		CSI Solutions			
	City:	Kensington	State:	Maryland	Zip code:	20895

Montana

St. Peter's Health Foundation

Grant Number:	H2ARH39968					
Organization Type:	Health System					
Grantee Organization Information:	Name:	St. Peter's Health Foundation				
	Address:	2475 E Broadway St				
	City:	Helena	State:	Montana	Zip code: 59601	
	Tel #:	406-444-2370				
	Website:	www.sphealth.org				
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	Title:	Chief Medical Innovation Officer				
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Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year			
	Sep 2020 to Aug 2021		\$300000			
	Sep 2021 to Aug 2022		\$300000			
	Sep 2022 to Aug 2023		\$300000			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)	
	St. Peter's Health	Lewis & Clark*, Broadwater*, Jefferson, Meagher*, Powell*	MT	Health System	O	
	Lewis & Clark Public Health	Lewis & Clark*	MT	Public Health	O	
	Various community EMS/ambulance providers	Lewis & Clark*, Broadwater*, Jefferson, Meagher*, Powell*	MT	EMS	D	
Target population served:	Population		Yes	Population		Yes
	Adults		<input checked="" type="checkbox"/>	African Americans		<input checked="" type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians		<input checked="" type="checkbox"/>
	Infants		<input checked="" type="checkbox"/>	Latin-x		<input checked="" type="checkbox"/>
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)		<input checked="" type="checkbox"/>
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured		<input checked="" type="checkbox"/>
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>
	Native Americans		<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>
	Pacific Islanders		<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:		Yes
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care		<input type="checkbox"/>
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care		<input type="checkbox"/>
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development		<input type="checkbox"/>

	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	EMR – Meditech 5.67	tyto devices		
	Microsoft 365			

Project Description:

The primary objective of St. Peter's telehealth project is to provide data-link support and equipment for teleEMS services within the service area to respond in the field with direct connectivity to emergency physician support located at St. Peter's Regional Medical Center. St. Peter's serves a rural area spanning more than five counties and over 11,000 square miles of rugged terrain, forming remotely situated population pockets accessible by indirect routes only. This can lead to long travel times via ambulance, some of which may be through large areas of insufficient cellular coverage to communicate effectively with the Emergency Department.

St. Peter's will gradually provide reliable teleEMS capabilities across its consortium of network partners – namely rural EMS providers/transport teams – over the next four years via Mobile Ad-hoc Network (MANET) technology. This would result in an improvement of quality metrics for clinical performance and outcomes with real-time patient updates to emergency department personnel, and faster return-to-service times for ambulance crews.

Currently, local EMS crews rely on a hybrid of limited data connectivity and voice protocols to relay basic situation reports, vital signs, and cardiac telemetry via the native cellular network. The intent of this project is to provide real-time emergency telehealth (e.g. teleEMS support) to St. Peter's immediate primary service area to capture video and transmit heart and lung sounds, otoscope, and endoscope capability through the already proven Tyto devices used at point-of-care. Current communication between rural EMS/ambulance crews (on the rare occasion it does occur) would not be considered teleEMS – therefore the baseline for this project is zero. It is estimated that during year 1 this project would result in 7,300 teleEMS consults; year 2 would result in 9,125; year 3 would result in 12,775; and year 4 would result in 14,600.

St. Peter's Health's strategic direction is aimed toward creative access to care enhancements, growth of innovative population health programs, and partnering with high-value, aligned not-for-profit organizations to build integrated, full spectrum continuum of care health services for the communities served.

Expected Outcomes:

Given the long travel times to reach some of St. Peter's primary and secondary service areas, all quality metrics for clinical performance and outcomes will improve with real-time patient updates to emergency medical personnel in the emergency department, and faster return-to-service times for ambulance/EMS crews. This lead time, created by high throughput networking, reduces lag or hand-off time for receiving patients once they arrive in the emergency department.

For example, door-to-balloon time for cardiac emergency support (e.g. "cath lab" involvement) is reduced as a more complete assessment of a patient can be done en route and transmitted to the emergency department before arrival. St. Peter's also hopes to strengthen relationships with the University of Utah to increase stroke intervention capabilities. TeleEMS will allow St. Peter's to communicate critical, time-sensitive information, like "last seen normal", giving time to administer life and brain saving drugs like tissue plasminogen activator.

If there is time available while in transit, which can be a long travel time given the circumstances, a medic with internet access in a truck can update the electronic health record with critical clinical information like medications and other information to increase hand-off efficiency, and where possible, convert current hard copy "run sheets" to digital electronic health record entries.

Noticeably, St. Peter's hopes to reduce return-to-service time to expedite patient off loading and transfer into the emergency department. This alone will increase the coverage and availability for Advanced Life Support, for which St. Peter's is the only service in the region.

Evidence Based/ Promising Practice Model Being Used or Adapted:

St. Peter's has researched teleEMS best practices and has determined to follow the ET3 Model. The ET3 Model aims to reduce expenditures and preserve or enhance quality of care by:

- **Providing person-centered care**, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place while having greater control of their healthcare through the availability of more options
- **Encouraging appropriate utilization of services** to meet health care needs effectively.
- **Increasing efficiency in the EMS system** to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes.

The key participants of the ET3 model will be rural ambulance/EMS service suppliers, hospital-owned ambulance providers and emergency physicians at St. Peter's Health Regional Medical Center.

With the support of entities that operate or have authority over one or more 911 dispatches, ambulance suppliers and providers will triage people seeking emergency care based on their presenting needs. The model aims to ensure patients receive the most appropriate care, at the right time, and in the right place. The model may help make EMS systems more efficient and will provide patients broader access to the care they need.

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Wyoming

Teton County Hospital District

Grant Number:	H2ARH39969				
Organization Type:	Hospital				
Grantee Organization Information:	Name:	Teton County Hospital District			
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	City:	Jackson	State:	Wyoming	Zip code: 83001
	Tel #:	3077397600			
	Website:	www.stjohns.health			
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Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$259,325		
	Sep 2022 to Aug 2023		\$259,325		
	Sep 2023 to Aug 2024		\$259,325		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Pinedale Medical Clinic	Sublette*	WY	Rural Health Clinic	O
	Marbleton / Big Piney Medical Clinic	Sublette*	WY	Rural Health Clinic	O
	Mountain Sage Family Clinic	Freemont*	WY	Rural Health Clinic	O
	Dubois Medical Clinic	Freemont*	WY	Rural Health Clinic	O
	Sublette Center	Sublette*	WY	Skilled Nursing Facility	O
	Star Valley Health	Lincoln	WY	CAH	O
	St Johns Health Lander Clinic	Freemont*	WY	Rural Health Clinic	O
	St Johns Health	Teton*	WY	Hospital	D/O
	Target population served:	Population		Yes	Population
Adults		<input checked="" type="checkbox"/>	African Americans		
Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians		
Infants		<input checked="" type="checkbox"/>	Latin-x		
Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)		
School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured		
School-age children (teens)		<input checked="" type="checkbox"/>	Other: Seasonal residents who move in and out in areas served		
Native Americans		<input checked="" type="checkbox"/>	Other: Vacationing tourists coming to areas served		
Pacific Islanders		<input checked="" type="checkbox"/>	Other:		
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	

	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other: Emergency Room Services	<input checked="" type="checkbox"/>
	Other:	<input type="checkbox"/>	Other: Staff Development in BH areas	<input checked="" type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s)	Cerner Communityworks (EMR)	Epic (EMR)		
	zoom telehealth software	Ecw (EMR)		
	Amwell Tele-psychiatric service			

Project Description:

The initial project Telemedicine is Medicine, Expanding the Tele-Emergency Network in Northwest Wyoming looked to expand the existing telehealth program to provide 7 underserved rural communities with greater access to tele-emergency and tele-behavioral and mental health professionals, delivering high-quality care close to home. Tele-emergency services could provide synchronous audio/video connections between the emergency department or mental and behavioral health specialists and healthcare providers in partner clinics, EMS, and directly to patients at home. Success would prove the model works, showing providers, payers, and patients the value of telehealth as an effective tool to provide high-quality emergency care in rural areas.

St. John's Health has been developing its telehealth program over the past ten years under the leadership of Dr. Lisa Finkelstein, one of the few urologists in the state, and the clinical champion on this grant. Finkelstein had been traveling to several rural clinics in the state and began using telehealth to reduce travel for both her and her patients. After some convincing, a few other specialists followed her lead and adopted telemedicine. Unfortunately, these examples of telehealth adoption were not pervasive until the COVID pandemic. Providers then realized that telehealth would sometimes be the only option for providing care. With a growing acceptance of telehealth as an efficient and effective method for care delivery, there is an opportunity to spread telehealth for both physical and behavioral health.

By the end of year 1, the project increased access to tele-psychiatric and tele-behavioral care throughout the state but was unable to provide a successful model for tele-emergency care. As a result, the project pivoted in September of 2021 to focus on tele-mental and behavioral health. Preliminary data analysis suggests that enhanced tele-psychiatric and tele-behavioral healthcare can improve outcomes, reduce unnecessary Emergency Room visits, and save time and money for patients and hospitals alike. Particularly for rural areas with many risk factors related to mental health but few practitioners available locally, the benefits of telemedicine can be transformational.

Expected Outcomes:

Telehealth will provide expanded access to high quality behavioral and mental health care in local communities, saving time and money, and serving as a model for networks across the region.

The following represent measures of success and outcomes this project seeks to address for the Mental and Behavioral Health Programs components.

- Increase psychiatric telehealth care to surrounding communities
- Increase behavioral telehealth care to surrounding communities
- Decrease acute psychiatric admissions in the ER and the hospital
- Implement mental health initiatives using telehealth in the areas we serve
- Expand zero suicide initiative in the surrounding areas using telehealth

Evidence Based/ Promising Practice Model Being Used or Adapted:

The model to be used is an adaptation of the traditional hub and spoke model that will use St. John's Hospital in Jackson as both a local originating and distant hub. The team will build on the existing model for tele-emergency consultations between the

Emergency Department and the Mental and Behavioral Health Departments that has evolved from triage during the COVID pandemic as well its historical model for care consultation with the adult tele-psychiatric service Amwell.

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	City:	Kensington	State:	Maryland	Zip code:	20895

Hawaii

The Queen's Medical Center

Grant Number:	H2ARH39970				
Organization Type:	Hospital				
Grantee Organization Information:	Name:	The Queen's Medical Center			
	Address:	1301 Punchbowl Street			
	City:	Honolulu	State:	Hawaii	Zip code: 96813
	Tel #:	808-691-5447			
	Website:	https://www.queens.org/the-queens-medical-center/queens-medical-center			
Primary Contact Information:	Name:	Matthew Koenig			
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Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	The Queen's Medical Center	Honolulu*	HI	Hub hospital	D
	Molokai General Hospital	Maui*	HI	Rural hospital	O
	Queen's North Hawaii Community Hospital	Hawaii*	HI	Rural hospital	O
	Hilo Medical Center	Hawaii*	HI	Rural hospital	O
	Kona Community Hospital	Hawaii*	HI	Rural hospital	O
	Kahuku Medical Center	Honolulu*	HI	Rural hospital	O
	Kauai Veterans Memorial Hospital	Kauai*	HI	Rural hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input type="checkbox"/>	Uninsured	
	School-age children (teens)		<input type="checkbox"/>	Other:	
	Native Americans		<input checked="" type="checkbox"/>	Other:	
	Pacific Islanders		<input checked="" type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development	
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care	

	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	EPIC (EMR Platform)	Iron Bow Mobil Exam Solution for ambulances (in due diligence stage)		
	Cisco (Communication Platform)			

Project Description:

The project expands an existing hub-and-spoke telestroke network to the prehospital setting through installation of telehealth equipment in ambulances serving the rural originating site hospitals in the network. This project is needed to support accurate and early identification of suspected large vessel occlusion (LVO) strokes to prevent unnecessary bypass of stroke patients from rural community hospitals to the hub Comprehensive Stroke Center (CSC). Telehealth consultation by a stroke neurologist at the CSC is expected to improve the accuracy of prehospital triage of non-LVO stroke patients to the nearest stroke-capable hospital in the network and LVO stroke patients directly to the CSC for mechanical thrombectomy (MT). Telehealth consultation will complement existing EMS-driven triage and bypass protocols based on the Cincinnati Stroke Treatment Assessment Tool (C-STAT) prehospital LVO scale. HRSA funds are supporting the prehospital telestroke program development and implementation including paramedic readiness and acceptance testing, training and protocol development, technology installation and evaluation, and direct patient care during the proposed funding period.

Expected Outcomes:

The specific goal of the project is to reduce the number of patients with suspected large vessel occlusion (LVO) strokes who undergo unnecessary EMS bypass or inter-facility transfer (false positive rate) from rural communities to the hub hospital. The secondary goal is to improve the door-to-treatment time for mechanical thrombectomy (MT) for patients with LVO strokes that do require EMS bypass or inter-facility transfer. In order to achieve these goals, the specific objectives of the project are as follows:

Objective 1: Assess the readiness and training requirements for local EMS providers to adopt prehospital telestroke technologies and workflows using structured interviews and implementation science methodologies.

Objective 2: Install and assess available technologies to support prehospital telestroke to determine ease-of-use, EMS provider satisfaction, technical failure rate, and measure the impact on transport times.

Objective 3: Measure the impact of prehospital telestroke coverage on unnecessary bypass and inter-facility transfer for patients with suspected LVO strokes compared to historical data for participating rural hospitals.

Objective 4: Measure the impact of prehospital telestroke coverage on door-to-treatment times for both IV tPA and MT for patients evaluated by telehealth in the ambulance compared to historical data at participating rural hospitals.

Objective 5: Determine the cost-effectiveness of prehospital telestroke coverage factoring in the cost and maintenance of telehealth equipment and the added cost of EMS bypass and inter-facility transfer.

Evidence Based/ Promising Practice Model Being Used or Adapted:

To implement a promising practice model, the project team consulted with the University of Virginia (UVA) Department of Neurology regarding the implementation of an ambulance-based prehospital telestroke program in Charlottesville, VA. UVA pioneered the expansion of telestroke services into the prehospital setting with the iTREAT Program which used inexpensive video teleconferencing equipment and cellular broadband coverage to enable prehospital evaluation of suspected stroke patients with the NIH Stroke Scale/Score (NIHSS). They have also studied the generalizability of their methods at other sites in Virginia, California, and Indiana through collaborations with other institutions. Dr. Sherita Chapman from UVA also completed an acceptability study based on structured interviews of EMS providers and leadership, neurologists, and other stakeholders in Hawaii.

Based on the experience of the UVA team and their knowledge of Hawaii EMS, this project will implement an evidence-based program using survey data to study EMS acceptance and implementation of telehealth equipment and workflows, assessment of technologies and broadband coverage, and inter-rater reliability of standard neurological examination by prehospital telehealth. In collaboration with UVA, the project will also conduct ongoing EMS provider satisfaction testing through a series of structured

interviews and surveys. Using data from these surveys, clinical workflows and technology will be adjusted through an iterative process of continuous quality improvement.

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	City:	Kensington	State:	Maryland	Zip code:	20895

Indiana

Trustees of Indiana University

Grant Number:	H2ARH39971					
Organization Type:	University					
Grantee Organization Information:	Name:	Trustees of Indiana University				
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	City:	Bloomington	State:	Indiana	Zip code: 47405	
	Tel #:	812-855-0516				
	Website:	https://iu.edu				
Primary Contact Information:	Name:	Priscilla Barnes				
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Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year			
	Sep 2020 to Aug 2021		\$300,000			
	Sep 2021 to Aug 2022		\$300,000			
	Sep 2022 to Aug 2023		\$300,000			
	Sep 2023 to Aug 2024		\$300,000			
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)	
	Parish Nurses	Martin*	IN	Faith community nurses throughout the county	O	
	Loogootee Family Medicine	Martin*	IN	Family medicine	O	
	Martin County Health Center	Martin*	IN	Primary care	O	
	Memorial Counseling Center	Martin* Jasper*	IN	Behavioral and mental healthcare (providing emergency psychiatric care and triage)	D	
	French Lick Family Medicine	Orange*	IN	Behavioral and mental healthcare (providing emergency psychiatric care and triage)	O	
Target population served:	Population		Yes	Population		Yes
	Adults		<input checked="" type="checkbox"/>	African Americans		<input checked="" type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians		<input checked="" type="checkbox"/>
	Infants		<input type="checkbox"/>	Latin-x		<input checked="" type="checkbox"/>
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)		<input checked="" type="checkbox"/>
	School-age children (elementary)		<input type="checkbox"/>	Uninsured		<input checked="" type="checkbox"/>
	School-age children (teens)		<input type="checkbox"/>	Other:		<input type="checkbox"/>

Focus areas of grant program:	Native Americans	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>	
Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Sources of Reimbursement (Select all that apply)	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input checked="" type="checkbox"/>
Telehealth/Health Information Technology System(s)	Epic	Henry Ford Macomb (EMR)		
	FaithNet			

Project Description:**Faith Net: A Psychiatric Tele-Emergency Initiative**

The proposed Faith Net initiative in Martin County (so named because of the involvement of local parish nurses as some of the originating loci for patients) will be headquartered in Martin County, Indiana. Though supported by robust research, psychiatric consultation at the point of emergency department intake is not possible in Martin County as there is a lack of formal emergency care. As a result, this project will focus on moving each of the elements of psychiatric tele-emergency care one step upstream, embedding a psychiatric advanced nurse practitioner (ANP) and a licensed social worker (LSW) within a rural emergency department (ED). This ED oversees the health centers in Martin County (though it is not located within the county). This project will treat care providers within the community as originating sites who receive expert consultation, as these are the places in Martin County where emergencies are most likely to present and require discretion as to treatment, disposition, and diagnosis. In accomplishing the purpose of the project, the plan is to address the significant goals of embedding psychiatric tele-emergency care within the healthcare provider network within Martin County, expanding the capacity of emergency departments (MHHCC) in neighboring counties to provide specialty consultation, and demonstrating the feasibility and effectiveness of this revised hub-and-spoke model of psychiatric tele-emergency care.

The Faith Net project will fill the county's emergency mental health care gap and alleviate high costs and demands associated with routine utilization of healthcare professionals outside of the rural community by mitigating the access barriers associated with receiving the appropriate care and disposition of services Martin County. Conceptually, Faith Net will link a large group of community healthcare providers to a digital platform and smartphone app; this app will contain resources and information pertinent to psychiatric care in Martin County and will serve as a method to directly request psychiatric tele-emergency consultation. It will thus serve as a bridge between the providers in the community (originating sites) and an emergency department in a nearby county. Though grounded in the evidence cited above, this project moves this hub-and spoke model upstream, and it is believed this project will prove to be an innovative means of delivering outstanding care, reducing mortality and morbidity rates, and improving the overall mental and physical health of patients who use the service.

Expected Outcomes:

By using psychiatric tele-emergency services, it is anticipated that there will be reductions in costs for mental and physical health care. In the short term, it is expected there will be cost savings associated with retention of patients at appropriate levels of care who may otherwise have gone to a higher tier of care unnecessarily. It is also expected that some patients who might have engaged in a circuitous route to an urban specialty emergency department will be more directly routed there, again evading excess charges associated with multiple, sequential points of care. In the long term, the hope is that the healthcare system will have increased revenue through continued, established, trusted contact with these clients through additional referrals for treatment. As members of

the Martin County community, individuals on the project team note that many individuals utilize primary care clinics for urgent and emergent appointments rather than general health and family practice. Faith Net will enable patient-centered care and access to high-level specialty consultation that meets patients where they are, and routes them to the services that most precisely meet their needs.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The Faith Net project is based on the well-established hub-and-spoke model of healthcare delivery. Researchers often point to a description of the model in the non-academic Harvard Business Review as one of the first major mentions to improve healthcare delivery (Porter & Lee, 2013). The premise of the model is that “complex medical services... are centralized at the main campus or hub...basic healthcare services are broadly distributed across the network, permitting the bulk of healthcare needs of the populace to be addressed locally. Only when complexities emerge that require care falling outside of the scope of services provided at satellite facilities are patients routed to the...hub for treatment” (Elrod & Fortenberry Jr., 2017). This model has been found feasible to deliver acute care and improved patient routing in rural healthcare environments (e.g., Huddleston & Zimmerman, 2014; McSweeney et al., 2017), though barriers do exist, and more research is certainly warranted. It has also been suggested by researchers that tele-emergency behavioral health, in general, may improve access to specialty care and patient routing procedures (Weigel et al., 2019). The hub-and-spoke tele-emergency model is a perfect fit to the healthcare needs in Martin County, Indiana.

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Maryland

University of Maryland, Baltimore

Grant Number:	T98HP33424						
Organization Type:	Hospital						
Grantee Organization Information:	Name:	University of Maryland, Baltimore					
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	Tel #:	410-706-6723					
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Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year				
	Sep 2020 to Aug 2021		\$299,787.46				
	Sep 2021 to Aug 2022		\$300,000				
	Sep 2022 to Aug 2023		\$300,000				
	Sep 2023 to Aug 2024		\$300,000				
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)		
	UMMC Medical Center at Easton	Talbot*	MD	Hospital	O		
	UMMC Medical Center at Chestertown	Kent*	MD	Hospital	O		
	UMMC Medical Center at Dorchester	Dorchester	MD	Hospital	O		
	Dorchester County EMS	Dorchester*	MD	EMS	O		
	Queen Anne's County EMS	Queen Anne's*	MD	EMS	O		
	Caroline County EMS	Caroline*	MD	EMS	O		
	Kent County EMS	Kent*	MD	EMS	O		
	UMMC Telehealth Hub at Linthicum	Anne Arundel*	MD	University	D		
	UMMC Emergency Department at Queenstown	Queen Anne's*	MD	Freestanding ED	D		
Target population served:	Population		Yes	Population		Yes	
	Adults		<input checked="" type="checkbox"/>	African Americans		<input checked="" type="checkbox"/>	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians		<input checked="" type="checkbox"/>	
	Infants		<input checked="" type="checkbox"/>	Latin-x		<input checked="" type="checkbox"/>	
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)		<input checked="" type="checkbox"/>	
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured		<input checked="" type="checkbox"/>	
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>	
	Native Americans		<input type="checkbox"/>	Other:		<input type="checkbox"/>	
	Pacific Islanders		<input type="checkbox"/>	Other:		<input type="checkbox"/>	
Focus Area:			Yes	Focus Area:			Yes

Focus areas of grant program:	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke	<input checked="" type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input checked="" type="checkbox"/>	Integrated Systems of Care	<input checked="" type="checkbox"/>
	Opioid/Substance Use Disorder	<input checked="" type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input checked="" type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Epic EHR	CRISP (Chesapeake regional information system for our patients)		
	Zoom	Teleport		

Project Description:

The project plans to implement a three-armed process for addressing Emergency Telehealth integration across a multi-county rural hospital system:

- 1) TeleED Surge Cross Sectional Support – Improvement of patient flow through four EDs on the rural Eastern Shore of Maryland through the use of telehealth. ED Providers with downtime at a distant site can use telehealth to see patients with prolonged wait times at the originating site. This is anticipated to decrease surge pool utilization (calling in a provider from home to help see patients during periods of high demand), shorten door-to-provider times, improve left without been seen rates, and improve patient satisfaction.
- 2) TeleEMS Prehospital – Improvement of the standard EMS to hospital base station communication system to include telehealth screenings by ED providers with patients in the field, supported by EMTs on site. Options for disposition will be 1) treat in place, 2) transport to local ED, 3) transport to alternative ED which better serves patient needs (example: suspected stroke patients), 4) transport to alternative location (example: clinic, urgent care, etc).
- 3) Tele-EMS Acute Care – This program ensures we limit unnecessary transfers by maximizing the utilization of our resources. The goal is to treat the right patient in the right bed at the right time. Access Center Physicians adjudicate transfer center calls from the rural Eastern Shore hospitals and facilitate patient care and transfer. This clinical oversight and consultation allow us to better determine if patients need transfer to a tertiary care facility or if we can provide them resources to safely treat them in place.
- 4) ED Tele-Addiction Linkages– Improvement in access for addiction services across the Eastern Shore ED sites to promote linkages to care.

Expected Outcomes:

The project's team of physician experts in telemedicine delivery, technology, administration, and research will accomplish the goals of the project through the following objectives and outcomes:

- 1) Decrease inter-facility transfers from ED by 5% year over year for the duration of the grant (4-year total of 20% across all sites)
- 2) Decrease by 5% the 30-day hospital readmission rate per each budget year (4-year total of 20% reduction across all sites)
- 3) Increase by 5% (from baseline) the number of tele-consulted patients who have been diagnosed with stroke per each budget year (4-year total of 20% across all sites)
- 4) Decrease surge pool utilization for Eastern Shore sites by 10% year over year for duration of the grant (4-year total of 40% reduction)
- 5) Reduce door-to-doc time at the Easton, Maryland Emergency Department by an average of 5 minutes each year one and two, and 5 minutes total years three and four
- 6) Link at least two-thirds of UM Shore Regional Emergency Department Behavioral Health/ (MOUD)-referred patients to definitive treatment for Substance Use Disorder.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The Tele-Surge Cross Sectional model is based off the Dartmouth-Hitchcock TeleEmergency model of health care delivery, with variations created as cost-saving measures to successfully work within the budget of our institution and this award. The Dartmouth-Hitchcock model is a rural Tele-ED model that supplies rural emergency departments with board-certified emergency medicine trained telehealth physicians and nurses located in a central telehealth hub. The project uses these telehealth physicians and nurses as extra staff who can give diagnosis and treatment opinions on patients, provide logistical support, organize hospital transfers, provide documentation assistance, and provide training opportunities, such as mock codes.

The project's Tele-EMS model is based on Houston Fire Department's Tele-EMS network. ETHAN, the "Emergency TeleHealth and Navigation" program, is one of the largest scale and most successful telehealth EMS networks in the country. EMTs consult with dedicated telehealth physicians via video-conferencing software with the goal of determining patient disposition from the initial encounter and to help guide patient transport to more appropriate destinations or provide other transportation options. In the first four years, 19,731 telehealth patient encounters were created, representing about 2% of Houston's total EMS encounters during that timeframe (total EMS encounters ~ 1,000,000 over that four-year period). While many patients were successfully dispositioned to appropriate nearby facilities, total EMS transports for this select group of patients dropped significantly from an initial ~50% transport rate to ~12% transport rate, saving approximately 50% on costs for these patients in their analysis. The cost of physician time was offset by substantial reduction in labor and responding ambulance costs, and EMTs were able to return to service quicker.

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Mississippi

University of Mississippi Medical Center

Grant Number:	6 H2ARH39972-01-01				
Organization Type:	Academic Medical Center				
Grantee Organization Information:	Name:	University of Mississippi Medical Center			
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Expected funding level for each budget period:	Month/Year to Month/Year			Amount Funded Per Year	
	Sep 2020 to Aug 2021			\$300,000	
	Sep 2021 to Aug 2022			\$ 300,000	
	Sep 2022 to Aug 2023			\$ 300,000	
	Sep 2023 to Aug 2024			\$ 300,000	
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Claiborne County Medical Center	Claiborne*	MS	Community Access Hospital	O
	Covington County Hospital-Collins	Covington*	MS	Community Access Hospital	O
	Field Memorial Community Hospital	Amite*, Wilkinson*	MS	Community Access Hospital	O
	Franklin County Memorial Hospital	Franklin*	MS	Community Access Hospital	O
	H. C. Watkins Memorial Hospital	Clarke*	MS	Community Access Hospital	O
	John C. Stennis Memorial Hospital	Kemper*	MS	Community Access Hospital	O
	Lackey Memorial Hospital	Scott*	MS	Community Access Hospital	O
	Laird Hospital	Neshoba*, Newton*	MS	Community Access Hospital	O
	Lawrence County Hospital	Lawrence*	MS	Community Access Hospital	O
	Magee General Hospital	Simpson*	MS	Community Access Hospital	O
	North Sunflower Medical Center	Bolivar*	MS	Community Access Hospital	O
	Pearl River County Hospital and Nursing Home	Pearl River*	MS	Community Access Hospital	O

	Perry County General Hospital	Perry*	MS	Health Care Providers in Private Practice	O
	Scott Regional Hospital	Scott*	MS	Community Access Hospital	O
	Sharkey-Issaquena County Hospital	Sharkey-Issaquena*	MS	Community Access Hospital	O
	Simpson General Hospital	Simpson*	MS	Community Access Hospital	O
	South Sunflower Hospital	Sunflower*	MS	Community Access Hospital	O
	Tallahatchie General Hospital	Tallahatchie*	MS	Community Access Hospital	O
	Jefferson County Hospital	Jefferson*	MS	FQHC	O
	UMMC Holmes County	Holmes*	MS	Community Access Hospital	O
Target population served:	Population	Yes	Population	Yes	
	Adults	<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>	
	Elderly (65 or >)	<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>	
	Infants	<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>	
	Pre-school children	<input type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>	
	School-age children (elementary)	<input type="checkbox"/>	Uninsured	<input type="checkbox"/>	
	School-age children (teens)	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
	Native Americans	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
	Pacific Islanders	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes	
	Tele-Behavioral/Mental Health	<input checked="" type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>	
	Tele-Stroke	<input checked="" type="checkbox"/>	Access: Specialty Care	<input type="checkbox"/>	
	Tele-Emergency Medical Services (EMS)	<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>	
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input checked="" type="checkbox"/>	
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>	
	Telehealth Network/Infrastructure Development	<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>	
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>	
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>	
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>	
Sources of Reimbursement (Select all that apply)	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>	
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>	
Telehealth/Health Information Technology System(s)	Epic	Vyopta			
	Cisco Jabber				
Project Description:					
<p>The primary objective of this project is to develop a system of care that will provide the same level of access to acute specialty consultations to the telemergency enabled rural emergency departments as are available at a large multispecialty Level I Academic Medical Center. This goal will be accomplished by layering these acute specialty consults on the backbone of an established mature telemergency system. In this system, the rural emergency department will be considered as a virtual extension of the academic center and telemergency consults will be handled similarly to that for patients presenting to this larger urban emergency department with all its inherent capabilities for specialty consultation. This layering procedure involves a preliminary tele-triaging evaluation of the medical condition of the rural patient by a board-certified emergency physician as the telemergency specialist. The</p>					

telemergency specialist will then engage the appropriate specialist by connecting them through tele-technologies with the remote rural site for an advanced consultation. The system will be piloted with the specialties of stroke neurology, acute psychiatry, and medical toxicology utilizing University of Mississippi Medical Center specialists from those areas. Layering these specialty services on the backbone of a robust telemergency system is a practical solution for allowing a triaging of the undifferentiated conditions and a better use of specialty consults. This layering will occur through the process of a primary triage of emergent conditions by the Board-Certified Emergency Physician acting as the telemergency specialist. After a determination of the necessity for an acute consultation with a particular specialty, the telemergency specialist will engage the subject matter specialist as needed through connectivity using tele-technologies that virtually bring the specialist to the remote rural emergency department site. This layered integration of specialty consultation is built on the same infrastructure that is currently in place within our telemergency system. This added connectivity provides for a level of expertise that is essentially equivalent to a consultation by that specialist within the Level I academic medical center emergency department. The plan is to test this novel concept in several special areas of services that are commonly a part of emergency care but would benefit from the nuances of management that are provided by the subject matter specialist. Emergency Telestroke, Tele-Behavioral Health, and Tele-Toxicology will be a focus of this project and serve as the pilot for the proposed methodology. Additionally, the enhanced utilization of EMS assisted by telemedicine technologies will be explored by engaging the unique federally funded infrastructure that has been developed at the University of Mississippi Medical Center. While the harmonization of EMS and UMMC telemergency services is already very mature and robust in the current system, the goal for this project is to further develop this coordination to facilitate the layered integration of acute specialty services into the existing telemergency system. Having spent nearly two decades in building a mature telemergency network, the intent of this project is to bring the current system to an innovative new level for providing quality care to the rural setting.

Expected Outcomes:

The goal of the project is to develop a system in which patients located in rural emergency departments have access to the same level of specialty services as they would at the urban academic Level 1 medical center. The supposition is that through this specialty access the outcomes for these patients should be greatly improved. This goal is certainly achievable as past experience has demonstrated that the access to board-certified emergency physicians in the telemergency program has improved the survival rates for patients presenting in cardiopulmonary arrest to these rural hospitals staffed by nonemergency trained providers is essentially equivalent to those seen in the urban center. Likewise, the organization has demonstrated improvements in other services, reductions in transfer rates and recidivism, and higher patient satisfaction with care. A further layering of access to advanced specialty expertise is expected to further improve these outcomes just as they have been found to improve outcomes with dedicated pipelines of these specialties (i.e. telestroke). The difference is that the layering process allows for the triage of conditions and more efficient use of technologies and the specialists' time.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The practice of telemergency established by the organization 18 years ago has consistently demonstrated improvement of patient outcomes and patient and provider satisfaction for rural hospitals using this model. A large portion of the economic and other benefits of this practice is in averting the necessity of patient transfers to tertiary centers. Experience has shown that the major driver for these transfers is the necessity of engagement in specialty expertise beyond that provided by the board-certified emergency physician. For example, while patients with suicide risks are often seen in these rural emergency departments, the emergency physician may not feel comfortable evaluating the risks in a nuanced case and therefore request a transfer of the patient. By layering the specialty of psychiatry on this established telemergency network and allowing the emergency specialists to triage cases for early virtual psychiatric consultation at the telemergency distant site when needed, there is the possibility for more immediate intervention and an avoidance of unnecessary transfers. This project has chosen 3 commonly required acute specialty services, psychiatry, stroke neurology, and medical toxicology for piloting the layering approach. The typical metrics for quality patient engagement, satisfaction and economic benefit using this layered approach will be compared to historic data from the existing telemergency network.

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Missouri

University of Missouri System

Grant Number:	H2ARH39974					
Organization Type:	University, Hospital					
Grantee Organization Information:	Name:	University of Missouri System				
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Expected funding level for each budget period:	Month/Year to Month/Year			Amount Funded Per Year		
	Sep 2020 to Sep 2021			\$299,998		
	Sep 2021 to Sep 2022			\$299,995		
	Sep 2022 to Sep 2023			\$299,997		
	Sep 2023 to Sep 2024			\$299,998		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)	
	MU Health Care	Boone	MO	Hospital/Higher Education Institution	D	
	MU Health Care Mizzou Urgent Care Future Site	Cooper*	MO	Community health Center	O	
	Hermann Area District Hospital	Gasconade	MO	Critical Access Hospital	O	
	Moberly Regional Medical Center	Randolph	MO	General Acute Care Hospital	O	
Target population served:	Population		Yes	Population		Yes
	Adults		<input checked="" type="checkbox"/>	African Americans		<input checked="" type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians		<input checked="" type="checkbox"/>
	Infants		<input checked="" type="checkbox"/>	Latin-x		<input checked="" type="checkbox"/>
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)		<input checked="" type="checkbox"/>
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured		<input checked="" type="checkbox"/>
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>
	Native Americans		<input checked="" type="checkbox"/>	Other:		<input type="checkbox"/>
	Pacific Islanders		<input type="checkbox"/>	Other:		<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:		Yes
	Tele-Behavioral/Mental Health		<input type="checkbox"/>	Access: Primary Care		<input type="checkbox"/>
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care		<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development		<input type="checkbox"/>
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care		<input type="checkbox"/>

	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input checked="" type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	American Well	Cerner		
	Pulsara			

Project Description:

Central Missouri is a unique landscape of high-density population areas spread out amongst vast miles of rural farmland and open countryside. With recent closures of rural hospitals and clinics, the loss of access to quality care for rural residents has recently reached crisis levels throughout the central region of the state. The University of Missouri Health Care (MUHC) has a long-standing history as a regional referral center for these rural areas. Rural residents often traveled for more than two hours to reach MUHC and the specialized care offered. As access to care has reached crisis levels, MUHC has made rural health care a primary initiative. Part of the rural health initiative includes the development of an integrated telehealth platform to improve access. With the COVID-19 pandemic, work on rural health solutions accelerated, and the theoretical processes are being transformed into clinical applications. Rural residents have suffered more during this time due to the fear of travel and travel restrictions, along with increased concerns of exposure to COVID-19 when visiting health care locations. Strategic discussions and analysis began with three counties being identified as initial targets for implementation of telehealth services. The recognition of reduced or complete loss of access to emergency and acute care for these rural locations led to the development of the Rural MUHC Tele-Emergency and acute care strategy. This plan focuses on specific areas for each target site:

1. Tele-Emergency centers: Rural acute care sites, which include community Emergency departments and/or advanced Urgent Care centers, will be staffed through using a combination of onsite physician and specialty trained Emergency Medicine advanced practice providers with Emergency Medicine Telemedicine physician support depending on local site volumes and acuities. This strategy creates a cost-effective solution for rural health centers that maintains high quality care.
2. Rural EMS: Real-time access to Emergency Medicine providers can be provided through telemedicine applications to frontline EMS providers. This not only improves care, but also streamlines communication for arriving patients to mobilize necessary resources. Additionally, the platform will improve EMS education.
3. Tele-Occupational Medicine: Development of Tele-Occupational Medicine services to rural agri-businesses. This access to work-related illness preventative care, clinical assessment and care of acute occupation-related illnesses and injuries, and disability management will help rural residents who otherwise might have not had access to care.
4. Tele-Physical Therapy: Provide post-acute access to Tele-Physical Therapy for respiratory conditions such as COPD, interstitial lung disease, and COVID 19. Tele-Emergency patients presenting with these conditions will be able to be safely discharged home knowing that access to this important discharge care is possible.
5. Tele-Pediatric Emergency Medicine Consultation: Providing local Emergency Departments with access to board-certified Pediatric Emergency Medicine physicians via the telehealth platform allowing pediatric patients access to specialty care locally.

The MUHC Tele-Emergency program is part of a system wide initiative to improve access to quality care to rural residents in the central Missouri area. By utilizing a combination of telehealth services, the program looks to improve rural resident patient outcomes by providing them access to highly trained, specialized care that was previously hours away from them. The program's ambitious nature reflects MUHC's dedication to rural residents in central Missouri by utilizing multiple modalities to provide the best telehealth possible.

Expected Outcomes:

The MUHC Tele-Emergency program plans to utilize a multifaceted approach to provide improved access to care to rural central Missouri residents. As such, multiple outcomes have been identified for each aspect of the program. The MUHC Tele-Emergency

program seeks to impact local rural population health management by setting a goal to reduce geographical mortality disparity for heart disease, stroke, and unintentional injury by 3% in the three rural counties targeted in the program's initial phase. This expected outcome applies to Tele-Emergency services combined with Tele-EMS by providing immediate access to telehealth consults for rural EMS agencies and physical locations serving the identified counties. The MUHC Tele-Emergency program has identified an 8% reduction in the 72-hour return rate to the same facility as well as any facility for patients that have had a telehealth consult resulting in safe discharge from the rural physical locations participating in the program. In addition to telehealth consults the MUHC Tele-Emergency program plans to provide education and skills training to rural EMS agencies to advance this goal. Additional anticipated outcomes for Tele-EMS include establishing a robust partner program that encompasses 80% of central Missouri's EMS agencies. This program will provide access to Tele-Emergency consults, advanced trainings for EMS providers, as well as community empowerment trainings; such as "Stop the Bleed." The Tele-Physical Therapy program seeks to capture at least 400 unique acute and chronic pulmonary disease patients and anticipates demonstrating a 20% lower all-cause readmission rate for those unique patients than similar patients from 2018 and 2019. Anticipated outcomes for Tele-Occupational Health include the development of relationships with local agribusinesses that will decrease the time of a work-related health concern and time to visit with an occupational health professional. Tele-Pediatric Emergency Medicine anticipates a reduction in transfers for pediatric patients, specifically those that would have been transferred and discharged from the receiving facility.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The MUHC Tele-Emergency program seeks to offer several aspects of improved access to care to central Missouri residents. Several practice models have been identified as promising and will be adapted to telehealth within each aspect of the program. For Tele-Emergency and Tele-EMS; the MUHC program will allow our highly trained providers to take their established evidence-based clinical practices outside of MUHC physical locations. Utilizing our established public-private telehealth network in combination with the development of a network of EMS agencies, rural residents will have access to those providers nearly immediately and will not have to travel great distances in order to get quality care. For the Tele-Physical Therapy aspect, well-known best clinical practices for the rehabilitation of patients with pulmonary disease will be adapted to fit within a tele-rehabilitation service. Treatment rendered will include education on breathing exercise protocol developed in collaboration between the MUHC Physical Therapy and Respiratory Therapy departments and currently utilized at MUHC physical locations. Tele-Pediatric Emergency Medicine will provide access to specialty-trained physicians that follow evidence-based treatment strategies for the management of acutely ill pediatric patients while eliminating the travel typically required to receive such specialty care. Tele-Occupational Medicine will follow established care pathways via telehealth to provide care tailored to rural agribusinesses.

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Technical Assistance (TA) Consultant Contact Information:	Name:	Laurel Simmons				
	Tel #:	781-999-1451				
	Email:	lsimmons@spreadinnovation.com				
	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

New Mexico

University of New Mexico

Grant Number:	H2ARH39981				
Organization Type:	University				
Grantee Organization Information:	Name:	University of New Mexico			
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	City:	Albuquerque	State:	NM	Zip code: 87131
	Tel #:	505.269.0347			
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	Email:	RSapien@salud.unm.edu or KSchafer@salud.unm.edu			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	University of New Mexico Hospital – Pediatric Emergency Department	Bernalillo	NM	Hospital	D
	Carlsbad Medical Center	Eddy*	NM	Hospital	O
	Lovelace - Roswell	Eddy*	NM	Hospital	O
	Artesia General Hospital	Eddy*	NM	Hospital	O
	Gallup Indian Medical Center	McKinley*	NM	Hospital	O
	Christus St. Vincent Regional Medical Center	Santa Fe*	NM	Hospital	O
	Gerald Champion Regional Medical Center	Otero*	NM	Hospital	O
	Guadalupe County Hospital	Guadalupe*	NM	Hospital	O
	Mescalero Service Unit	Otero*	NM	Hospital	O
	MountainView Medical Center	Dona Ana*	NM	Hospital	O
	Sandoval Regional Medical Center	Sandoval*	NM	Hospital	O
	Zuni Comprehensive Community Hospital (Established)	McKinley*	NM	Hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)	

	School-age children (elementary)	<input checked="" type="checkbox"/>	Uninsured	<input type="checkbox"/>
	School-age children (teens)	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Native Americans	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:	Yes	Focus Area:	Yes
	Tele-Behavioral/Mental Health	<input type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke	<input type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)	<input type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input checked="" type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/> x
Telehealth/Health Information Technology System(s)	Cerner	WebEx		
	Project echo	Zoom		

Project Description:

New Mexico is a rural, impoverished, minority-majority, and extremely medically underserved state. Thirty of the 33 counties are 100% Medically Underserved Areas (MUA) and are a Health Professions Shortage Area (HPSA), with only 2 of the 33 counties partially MUA and HPSA; only a single county in the state is neither MUA nor HPSA and constitutes only 0.9% of the state's population. New Mexico's children live not only in poverty, but in deep poverty and not only rural, but frontier. Nationally, the majority of children receive emergency care in general hospitals, not children's hospitals. Access to Pediatric Emergency Care is extremely limited in rural New Mexico. As a former Rural Child Poverty Telehealth Network Grant Program (TNGP) recipient (Distant site), the University of New Mexico provided pediatric emergency consultation to 93 children across 13 originating sites. Eighty percent remained in their community, avoiding transfer, saving \$2.4 M in transfer costs.

This new project builds upon that work. The following is an overview of the goals and objectives of this initiative:

Goal #1: To expand Child Ready Virtual Pediatric Emergency Department (CR-VPedED) to 7 NM Level III trauma centers

- **Obj#1-1:** Coordinate with the NM Department of Health (DOH) Trauma System to further engage the 7 NM Level III to become CR-VPedED Originating sites.
- **Obj#1-2** Finalize professional services agreements with, deploy telehealth equipment and training to, and Distant site physician credentialing at the Level III trauma centers.
- **Obj#1-3:** Track pediatric transfers out of Level III trauma centers (state trauma registry data).
- **Obj#1-4:** Work with the NM Trauma System to add the Child Ready system to the Trauma Center designation process.

Goal #2: To recruit and support a Pediatric Emergency Care Coordinator (PECC) in 6 current Originating sites of CR-VPedED

- **Obj#2-1** Aid 6 current CR-VPedED Originating sites to identify a PECC.
- **Obj#2-2:** Develop training for local PECCs
- **Obj#2-3:** Train PECCs in potential activities to advance pediatric emergency care.
- **Obj#2-4:** Conduct quarterly quality improvement, de-identified webinars to review pediatric cases.
- **Obj #2-5:** Track monthly transfers of all children into the Distant site.

Goal #3: To recruit and support a PECC in the 7 NM Level III trauma centers

- **Obj#3-1** Aid 7 Level III NM trauma centers to identify a PECC.
- **Obj#3-2:** Develop training for PECCs.
- **Obj#3-3:** Train PECCs in potential activities to advance pediatric emergency care.

- **Obj#3-4:** Conduct quarterly quality improvement, de-identified webinars to review pediatric cases.
- **Obj#3-5:** Track monthly transfers of all children to the Distant site.

Through providing pediatric emergency consultation and education, this project will test the impact of adding telehealth and PECCs to trauma centers and existing originating sites. The project will employ a stepped wedge study design where PECCs will be added to the Level III trauma centers first, followed by the institution of CR-VPedED capabilities. To test the impact of adding PECCs to current CR-VPedED originating sites, the project will be conducting a prospective cohort interventional study examining data pre and post implementation of the local PECC. Twenty rural and tribal facilities as originating sites will be supported through this TNGP opportunity.

To support long-term sustainability of this initiative, consultation telehealth billing process is almost complete. Collections will partially sustain the project. An application has also been submitted to the state Department of Health for a Medicaid Supplement fee that other telehealth programs have received. This supplement is for originating site reimbursement to participate in the network.

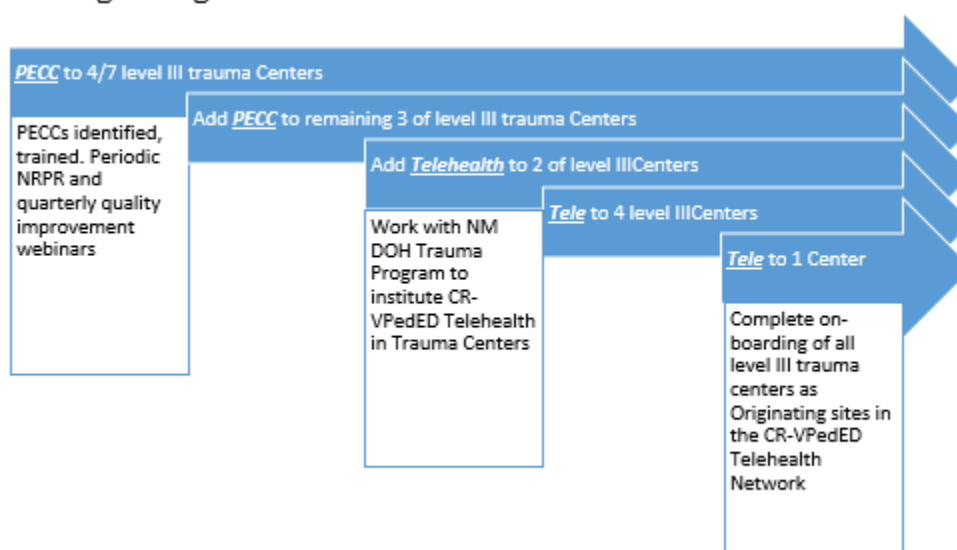
Expected Outcomes:

Consultations of originating-to-distant will be tracked and evaluated, this includes the following priority measures: 1) transfers averted; 2) person-miles saved by avoided transfer; and 3) transfer rates prior to and following, telehealth implementation. Transfer data from level III trauma centers in the state Trauma Registry will also be tracked.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The following is an overview of the project model:

Stepped Wedge Design



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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

Vermont

The University of Vermont

Grant Number:	H2ARH39975				
Organization Type:	Public/State Controlled Institution of Higher Education				
Grantee Organization Information:	Name:	The University of Vermont			
	Address:	85 South Prospect			
	City:	Burlington	State:	Vermont	Zip code: 05405
	Tel #:	802-847-8250			
	Website:	https://www.uvmhealth.org/medcenter/			
Primary Contact Information:	Name:	Matthew Siket			
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	Tel #:	802-847-8250			
	Email:	Matthew.siket@uvmhealth.org			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$299,137		
	Sep 2021 to Aug 2022		\$ 289,107		
	Sep 2022 to Aug 2023		\$292,057		
	Sep 2023 to Aug 2024		\$295,068		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	The University of Vermont Medical Center	Chittenden	VT	Nonprofit Hospital	D
	Central Vermont Medical Center	Washington	VT	Nonprofit Hospital	O
	Porter Medical Center	Addison	VT	Nonprofit Hospital, Critical Access	O
	Champlain Valley Physicians Hospital	Clinton*	NY	Nonprofit Hospital	O
	Elizabethtown Community Hospital	Essex*	NY	Nonprofit Hospital, Critical Access	O
	Alice Hyde Medical Center	Franklin*	NY	Nonprofit Hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input type="checkbox"/>	Latin-x	
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input type="checkbox"/>	Uninsured	
	School-age children (teens)		<input type="checkbox"/>	Other:	
	Native Americans		<input type="checkbox"/>	Other:	
	Pacific Islanders		<input type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development	

	Care Coordination	<input type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder	<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development	<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring	<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	American Well (Amwell) telemedicine carts		Epic	
			REDCap	

Project Description:

The University of Vermont Health Network (UVMHN) is a rural system-of-care serving over 1 million people in Vermont and northeastern New York. There are two partial and one full Health Professional Shortage Areas (HPSAs) and one full Medically Underserved Area (MUAs) within the UVMHN. In addition, the catchment area is topographically diverse with long and unpredictable travel times between facilities. The region's rural community and critical access hospitals provide an invaluable resource for patients, but face unique challenges in ensuring consistent, high-quality emergency care. UVMHN has considerable experience with telemedicine for subspecialty clinic access, but tele-emergency services are currently limited to telestroke. This project proposes to expand the existing telehealth model to all aspects of emergency and prehospital care. AUGMENT-ED/EMS is a novel Tele-EM proposal with both ED and EMS components and aims to support and empower rural communities to provide consistent, high quality emergency care and retain a larger portion of patients in their communities of choice with improved support from their tertiary academic medical center partner. In 2019, the UVMHN treated 150,458 out of 376,041 total ED patient visits in the catchment area. The goal of expanding telehealth throughout these areas is to serve four purposes 1) provide a viable solution to meet the demands of an underserved community, 2) provide remote access to care that will improve treatment options in a timely manner, 3) provide an opportunity for rural EDs and EMS to collaborate with EM colleagues and important specialists that can immediately attend to the patient needs of the population, 4) help manage care and/or transport in the event of natural or manmade disaster leading to a surge in medical or trauma patients which would lead to local resources being overwhelmed. Tele-EM at all the participating sites will ultimately improve the overall health of the communities in our region.

The project evaluation will measure performance data on time sensitive emergencies including stroke, ST-Elevation Myocardial Infarction (STEMI) and trauma. It will also evaluate network clinical pathway utilization, proportion of specialist consultations, interfacility transfers and non-emergent ambulance transports, and rural provider wellness. It is expected the project will demonstrate both clinical and cost-effective efficacy of this peer-based decision support model justifying long-term sustainability through direct and indirect network savings. It is anticipated this project will lead to expansion to non-network sites within the greater catchment area on a subscription basis, modeling synchronized and facilitated care between rural facilities and their tertiary partners. Future plans may include expansion to non-ED/EMS participants including adult and pediatric clinics, urgent care centers, and assisted living facilities within rural communities.

Expected Outcomes:

AUGMENT represents an ambitious plan to broaden Tele-EM services to be more encompassing of emergencies throughout the region. Support for this project will:

1. Offer a practical and beneficial solution to challenges of accessibility and availability across the network-of-care (and eventually the entire catchment area).
2. Revolutionize integrated emergency healthcare delivery from the moment of first contact to the appropriately designated Emergency Department.
3. Promote innovative expansion of the service line in creative and exciting ways, not only for telestroke, but also for a link to sub-specialty care including, but not limited to, trauma, acute care surgery, burn, intensive care, infectious disease, pediatrics, neonatology and as the project expands, all the specialty care offered at UVMHC.
4. Will be a critical component in the planning and implementation of emergency preparedness for medical and trauma surge capacity in the region and state.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The Avera eCARE model is an effective rural tele-emergency model shown to reduce door-to-physician times, shorter patient stays, fewer patient transfers and high levels of provider satisfaction. This model also informed Dartmouth-Hitchcock Health in implementation of a similar service in New Hampshire. Dartmouth-Hitchcock Health, in conjunction with Maine Health and the UVMHN compose the Northern New England Clinical & Translational Research Network (NNE-CTR) and these institutions are frequent collaborators on shared process improvement initiatives. One key distinction between the Avera model and AUGMENT-ED/EMS is that this project will promote peer-to-peer decision support within a Network Department. Additionally, Tele-EMS is not currently a feature of the Avera eCARE model to our knowledge.

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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

North Carolina

Wake Forest University Health Sciences

Grant Number:	H2ARH399760100				
Organization Type:	Academic Medical Center				
Grantee Organization Information:	Name:	Wake Forest University Health Sciences			
	Address:	1 Medical Center Blvd			
	City:	Winston-Salem	State:	North Carolina	Zip code: 27157
	Tel #:	336-716-4646			
	Website:	www.wakehealth.edu			
Primary Contact Information:	Name:	Lauren Koehler			
	Title:	Project Manager			
	Tel #:	(336) 716-4646			
	Email:	lekoehle@wakehealth.edu			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$299,853		
	Sep 2021 to Aug 2022		\$299,352		
	Sep 2022 to Aug 2023		\$299,870		
	Sep 2023 to Aug 2024		\$299,438		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Wilkes County Public Health Community Clinic	Wilkes*	NC	Health Department	O
	Wilkes County EMS	Wilkes*	NC	EMS Service	O
	Wilkes Medical Center	Wilkes*	NC	Hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	<input checked="" type="checkbox"/>
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	<input checked="" type="checkbox"/>
	Infants		<input type="checkbox"/>	Latin-x	<input checked="" type="checkbox"/>
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	<input checked="" type="checkbox"/>
	School-age children (elementary)		<input type="checkbox"/>	Uninsured	<input checked="" type="checkbox"/>
	School-age children (teens)		<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Native Americans		<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination		<input checked="" type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder		<input type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development		<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring		<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>
	Children's Health		<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>

	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Epic			

Project Description:

The goal of this project is to improve health outcomes for rural patients in Wilkes County, North Carolina with symptoms of acute cardiovascular disease by integrating rural cardiovascular care into an existing telehealth program. Rural Americans are disproportionately affected by cardiovascular disease, because they are more likely to be older, unhealthy, living in poverty, uninsured, and medically underserved. When cardiovascular symptoms arise, rural patients are less likely to receive timely definitive care than their urban counterparts. To address this urgent need and eliminate this rural health disparity in Wilkes County, NC, this project will expand a successful telehealth platform to connect cardiovascular experts from the WFUHS tertiary care center with the county's EMS system, local hospital ED, and Health Department Public Health Community Clinic (PHCC). This program will improve care for patients in this rural community by: a) assisting Wilkes County EMS (WC-EMS) paramedics with the early risk stratification (EKG interpretation, vital signs, and risk scores), treatment, and transportation destination decisions in patients with acute chest pain or dyspnea, b) supporting Wilkes Medical Center (WMC) ED providers (physicians and advanced practice clinicians) in the evaluation, management, and disposition (including expediting transfers or facilitating rapid primary care follow-up) of patients with acute cardiovascular symptoms, and c) providing consultative expertise to the PHCC for acute, follow-up, and preventative services for patients seen following an EMS or ED encounter for cardiovascular symptoms. Thus, this innovative project brings the tertiary care center to the patients' rural community to improve care delivery and health outcomes.

The goals of this innovative and impactful project are:

- 1) Integrate telehealth into the cardiovascular care within rural Wilkes County, NC; achieving high adoption and sustainable use of a cardiovascular telehealth program that connects EMS, the ED, and the PHCC providers with expert clinicians at WFUHS.
- 2) Evaluate the impact of cardiovascular telehealth implementation on decreasing ED utilization, hospitalizations, and inter-facility transfers for patients with cardiovascular symptoms (chest pain or dyspnea) in Wilkes County.
- 3) Evaluate whether cardiovascular telehealth implementation reduces cardiovascular 30-day ED re-admissions and 30-day hospital re-admissions among patients in Wilkes County.
- 4) Test the cost-effectiveness of the cardiovascular telehealth program and achieve financial sustainability.
- 5) Explore whether this telehealth program decreases cardiovascular mortality and the incidence of heart attacks and invasive coronary revascularization procedures.

Expected Outcomes:

The expected outcomes in Wilkes County from this project are:

- 1) High adoption and sustainable use of a cardiovascular telehealth program that connects EMS, the ED, and the PHCC providers with expert clinicians at WFUHS.
- 2) Decreased ED utilization, hospitalizations, and inter-facility transfers for patients with cardiovascular symptoms (chest pain or dyspnea).
- 3) Reduction in cardiovascular 30-day ED re-admissions and 30-day hospital re-admissions among patients in Wilkes County.
- 4) Demonstration of the cost-effectiveness of the cardiovascular telehealth program and achieving financial sustainability.
- 5) Decreased trends in cardiovascular mortality and incidence of heart attacks and invasive coronary revascularization procedures.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The University of Mississippi Medical Center's Center for Telehealth, a HRSA Telehealth Center of Excellence, is a promising practice model for delivering tele-emergency care to rural areas. Their program delivers high quality emergency services to underserved areas of Mississippi through video conferencing and remote monitoring tools. Furthermore, their practice model has increased the quality and value of care in the communities it serves. For example, they have demonstrated a reduction in inter-facility transfers. Thus, they have shown their practice model to be a cost effective method of expanding specialty services to rural areas. Furthermore, their practice model is highly scalable and they offer training programs designed to assist clinicians, administrators, and technical staff with implementing similar programs. This program seeks to deliver similar services focused on cardiovascular care in rural NC to improve the quality and value of cardiovascular care and reduce morbidity and mortality.

To apply this practice model to the proposed expansion of cardiovascular telehealth services to Wilkes County, NC, project staff consulted Drs. Summers, Gunalda, and Cespedes from the University of Mississippi's Telehealth Center of Excellence. They shared advice with the team based on lessons learned from implementing their state-wide telehealth network for critical-access hospitals. This included key insights regarding connectivity and financial sustainability. Furthermore, Dr. Mahler (PD), has previously collaborated with Dr. Alan Jones, the Interim Chief Telehealth Officer at The University of Mississippi Medical Center, on ED-based cardiovascular research. This project is excited to have their support (see letters of support) and will work closely with them to ensure their model is followed to implement and scale-up this cardiovascular telehealth program in Wilkes County, NC.

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Technical Assistance (TA) Consultant Contact Information:	Name:	Laurel Simmons				
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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

Idaho

Weiser Memorial Hospital Foundation

Grant Number:	H2ARH39977				
Organization Type:	Critical Access Hospital				
Grantee Organization Information:	Name:	Weiser Memorial Hospital Foundation			
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	City:	Weiser	State:	Idaho	Zip code: 83672
	Tel #:	208-549-4412			
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Primary Contact Information:	Name:	Kim Burgess			
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	Email:	kburgess@weiserhospital.org			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Month 2022		\$300,000		
	Sep 2022 to Month 2023		\$300,000		
	Sep 2023 to Month 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Weiser Memorial Hospital	Washington*, Adams*	ID	Critical Access Hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	
	Elderly (65 or >)		<input checked="" type="checkbox"/>	Caucasians	
	Infants		<input checked="" type="checkbox"/>	Latin-x	
	Pre-school children		<input checked="" type="checkbox"/>	Women (incl. Pregnant)	
	School-age children (elementary)		<input checked="" type="checkbox"/>	Uninsured	
	School-age children (teens)		<input checked="" type="checkbox"/>	Other:	
	Native Americans		<input type="checkbox"/>	Other:	
	Pacific Islanders		<input type="checkbox"/>	Other:	
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	
	Tele-Stroke		<input type="checkbox"/>	Access: Specialty Care	
	Tele-Emergency Medical Services (EMS)		<input type="checkbox"/>	Provider/Workforce Development	
	Care Coordination		<input type="checkbox"/>	Integrated Systems of Care	
	Opioid/Substance Use Disorder		<input type="checkbox"/>	Maternal/Women's Health	
	Telehealth Network/Infrastructure Development		<input type="checkbox"/>	Pharmacy Assistance/ Medication Management	
	Tele-Home Care/Remote Patient Monitoring		<input type="checkbox"/>	Patient Engagement	
	Children's Health		<input type="checkbox"/>	Chronic Disease Management	
	Health Education and Promotion		<input type="checkbox"/>	Other:	

Sources of Reimbursement (Select all that apply)	Medicare	<input checked="" type="checkbox"/>	Private Insurance	<input checked="" type="checkbox"/>
	Medicaid	<input checked="" type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	Currently undetermined			

Project Description:

The Weiser Rural Outreach Tele-Emergency - Behavioral Health (WROTE-BH) Project aims to increase the capacity of two critical access hospitals (CAHs) to triage, assess, treat, and refer as needed patients presenting with behavioral health concerns. The project will address the CAHs limited access to specialist consultation in-house while maximizing opportunities for the patients they serve to stay close to home. Traditional models of telehealth often utilize a central receiving site in a large health system with more comprehensive services. The WROTE-BH Project is different in that it facilitates consultation with multiple specialist care partners with existing or emerging relationships in patient care treatment in the community. This is important as it allows the CAHs to provide the highest quality of care for treated patients while at the same time maintaining a degree of co-ownership of the encounter with the patient. The approach is based on previous experience implementing traditional tele-emergency models in which providers have been able to access consultation, but the patient is often referred back into the receiving site's system, taking them away from their community and creating potentially unnecessary utilization in the system. Thus, the WROTE-BH Project responds to a critical need in rural care communities while facilitating an assessment and treatment model that is better for patients and providers.

Expected Outcomes:

The WROTE-BH Network anticipates significant positive impacts of model implementation including increased quality of care, decreased unnecessary admissions, increased follow-up for services, enhanced provider satisfaction, and reduced cost of care. Currently, the service areas have limited real-time access for consultation related to the triage and management of high-risk behavioral health patients in the ED. Through WROTE-BH Network implementation, patients seen at the WMH ED will have the medical evaluation support of psychiatry and pharmacy. These resources should greatly improve the quality of care patients and their families receive as they navigate behavioral health crises.

At the same time, these tele-emergency consultation services should reduce unnecessary transfers or admissions as ED providers and staff have the support to make more informed decisions about disposition and treatment options. This is a pivot from the current state in which excess patients are likely routed to inpatient holds or larger tertiary care settings away from home for more conservative management. Tele-emergency consultation will give ED providers the tools they need to more confidently engage in local management and referral. This local network of providers will then serve as a backbone for collaborative follow-up and community management with the support of the BHC. Strong follow-up and communication among referring providers will help level crisis-management escalation cycles as patients are maintained at the appropriate level of care. Reduced crisis episodes are critical to long-term disease management for patients and even to mortality related to overdose and suicidality. These services will also help providers find more satisfaction and confidence in the treatment of behavioral health crises. ED providers are not necessarily trained in complex psychiatric assessment and when tasked with this duty may experience elevated stress. By providing clinicians and staff with consultation resources to better triage and treat patients, professional satisfaction will be increased.

Finally, the WROTE-BH Project Team has designed the proposed model to maximize healthcare savings to the patient, hospital, and payer. Costs to patients will be reduced as unnecessary admissions are shifted to consultation and referral through the tele-emergency systems. This system will also reduce travel costs associated with seeking care at large regional tertiary centers. Cost to providers will be reduced as beds that have historically reserved for behavioral health monitoring can be released for more income generating encounters such as procedures. As total emergency and inpatient utilization is reduced, payers will experience a decrease in cost of care. Demonstration of this impact will be used to inform the policy and reimbursement landscape to make contracting more conducive to the development of similar models in rural areas of the state.

Evidence Based/ Promising Practice Model Being Used or Adapted:

The WROTE-BH model is somewhat unique in that it positions the originating sites as anchors and disperses the receiving sites across local specialists. The most similar promising practice model is that of the South Carolina Department of Mental Health (SCDMH) Emergency Department Telepsychiatry Consultation Program. This model addressed the mental health access needs of rural residents of South Carolina that in many ways mirror the challenges experienced in rural Idaho. Prior to implementation, average wait times for psychiatric care for patients ranged from 48-72 hours with many patients admitted to cover the delay. In response, the South Carolina Department of Mental Health developed a telepsychiatry consultation program specifically targeted to

rural EDs. The program has been scaled from six hospitals to 24. Other successes include higher follow-up of patients, shorter length of stay, fewer inpatient admissions, and decreased cost of care (RHI Hub, 2019). The WROTE-BH Network will attempt to achieve similar results via consultation for behavioral health conditions via a tele-emergency system. The design for rural hospitals is also very similar based on lack of access to specialists. Key differences include the inclusion of pharmacy consultation, addiction medicine consultation, and follow-up via BHC. These modifications are included as a response to the needs of the originating sites and the complex presentations for behavioral health patients including co-morbid conditions and related medication interactions. The WROTE-BH Project Team is confident in the success of the designed model based on the tailoring of resources to meet the needs of the target population.

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	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

West Virginia

West Virginia University

Grant Number:	HRSA Grant No: H2ARH39982				
Organization Type:	Academic Hub Hospital				
Grantee Organization Information:	Name:	West Virginia University			
	Address:	Department of Emergency Medicine School of Medicine			
	City:	Morgantown	State:	West Virginia	Zip code: 26505
	Tel #:	304.293.1326			
	Website:	https://medicine.hsc.wvu.edu/em/about-us/divisions/rural-emergency-medicine-remi/			
Primary Contact Information:	Name:	Scott Findley, M.D.			
	Title:	Attending Physician and Assistant Professor of Emergency Medicine			
	Tel #:	3042932436			
	Email:	scott.findley@hsc.wvu.edu			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$300,000		
	Sep 2021 to Aug 2022		\$300,000		
	Sep 2022 to Aug 2023		\$300,000		
	Sep 2023 to Aug 2024		\$300,000		
Telehealth Network Sites:	Site Name	County/Countries Served (mark with a * if county is a HPSA or MUA)	State	Organization Type	Site Type: Originating (O) or Distant (D)
	Jackson General Hospital	Jackson*	WV	Rural Hospital	O
	Braxton County Memorial	Braxton*	WV	Rural Hospital	O
	Summersville Regional Medical Center	Nicholas*	WV	Rural Hospital	O
	St. Joseph's Hospital	Upshur*	WV	Rural Hospital	O
Target population served:	Population		Yes	Population	
	Adults		<input checked="" type="checkbox"/>	African Americans	<input type="checkbox"/>
	Elderly (65 or >)		<input type="checkbox"/>	Caucasians	<input type="checkbox"/>
	Infants		<input type="checkbox"/>	Latin-x	<input type="checkbox"/>
	Pre-school children		<input type="checkbox"/>	Women (incl. Pregnant)	<input type="checkbox"/>
	School-age children (elementary)		<input type="checkbox"/>	Uninsured	<input type="checkbox"/>
	School-age children (teens)		<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Native Americans		<input type="checkbox"/>	Other:	<input type="checkbox"/>
	Pacific Islanders		<input type="checkbox"/>	Other:	<input type="checkbox"/>
Focus areas of grant program:	Focus Area:		Yes	Focus Area:	
	Tele-Behavioral/Mental Health		<input checked="" type="checkbox"/>	Access: Primary Care	<input type="checkbox"/>
	Tele-Stroke		<input checked="" type="checkbox"/>	Access: Specialty Care	<input checked="" type="checkbox"/>
	Tele-Emergency Medical Services (EMS)		<input checked="" type="checkbox"/>	Provider/Workforce Development	<input type="checkbox"/>
	Care Coordination		<input checked="" type="checkbox"/>	Integrated Systems of Care	<input type="checkbox"/>
	Opioid/Substance Use Disorder		<input checked="" type="checkbox"/>	Maternal/Women's Health	<input type="checkbox"/>
	Telehealth Network/Infrastructure Development		<input checked="" type="checkbox"/>	Pharmacy Assistance/ Medication Management	<input type="checkbox"/>
	Tele-Home Care/Remote Patient Monitoring		<input type="checkbox"/>	Patient Engagement	<input type="checkbox"/>

	Children's Health	<input type="checkbox"/>	Chronic Disease Management	<input type="checkbox"/>
	Health Education and Promotion	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Sources of Reimbursement	Medicare	<input type="checkbox"/>	Private Insurance	<input type="checkbox"/>
	Medicaid	<input type="checkbox"/>	Other Source	<input type="checkbox"/>
Telehealth/Health Information Technology System(s)	JOIN Medical Communication	Epic EHR		
	JOIN Triage			

Project Description:

West Virginia is the only state lying completely within the Appalachian region and, according to the US Census Bureau, is the third most rural state in the nation; approximately two-thirds of the 1.8 million residents live in communities of less than 2,500 persons with 51.8% of the state residing in rural areas. The originating site hospitals selected for this project are all federally recognized critical access hospitals located in designated rural counties according to the Office of Rural Health Policy.¹⁸ The West Virginia University (WVU) Rural Telemedicine Emergency Department Initiative (RTEMI) is a multidisciplinary partnership between rural emergency departments, specialty care services available through WVU, and emergency medical services (EMS). The departments of Neurology, Behavioral Medicine & Psychiatry and Case Management at WVU will provide care using a blended hub and spoke and collaborative care model depending on available services within local communities. The telemedicine platform selected for this project, JOIN, will allow local EMS to access telemedicine services on extended transports. RTEMI is designed to successfully leverage recent advancements in telemedicine while providing rural patients with rapid access to medical specialists and services not previously available in the rural acute care setting.

The immediate goal of the RTEMI is to establish a robust telehealth solution to improve health outcomes for rural patients in need of specialty care in rural WV. The long-term goals for RTEMI include future plans to offer additional service lines and educational opportunities once this network is established. RTEMI will facilitate improved patient outcomes, local provider satisfaction and improved efficiency in the delivery of high-quality health care in this rural Appalachian region.

The Project Team will meet these goals by deploying RTEMI in 4 CAHs. RTEMI is designed to pair each originating site with subspecialty expertise in emergency medicine, neurology, behavioral medicine and care management by employing an evidence-based, sustainable telehealth network. In WV, these hospitals represent a total volume of approximately 64,500 annual ED visits which are a subset of an expanding larger hospital system with 520,000 ED visits in 2019 including 171,000 visits in designated rural communities. Once established and financially stable, RTEMI will serve as a platform to expand service lines and locations throughout the larger WVU Health System on a state-wide basis.

Expected Outcomes:

The WVU RTEMI project will promote rural Tele-emergency services in the state of WV by meeting four primary objectives:

- 1) Improve rural access to mental health & neurologic services through ED-based telemedicine;
- 2) Display measurable clinical outcomes benefiting rural hospital systems and communities;
- 3) Develop a sustainable and expandable telemedicine system; and
- 4) Determine provider and patient satisfaction with treatment delivered via telemedicine.

Projected outcomes include:

- 1) Increased access to specialty services for high-risk ED patients;
- 2) Improved patient outcomes (lower length of stay) and disposition efficiency;
- 3) Treatment retention equal to in-person treatment in high-risk adults;
- 4) Demonstrate patient/provider satisfaction with teleservices.

Evidence Based/ Promising Practice Model Being Used or Adapted:

This project plans on employing a blended hub and spoke and collaborative care model for telemedicine care delivery. Specialty providers will be based out of WVU's academic center and will connect to CAH facilities in a traditional hub and spoke model however patients requiring services that exceed the capacity of the originating site will be directed to facilities that are able to meet the patients' needs and not all patients will be pulled to the hub. Additionally, the project plans on keeping patients in their local community health systems when able and using telemedicine to facilitate this goal. As the project grows, the plan is to expand and support local health networks through a collaborative care model when able.

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Technical Assistance (TA) Consultant Contact Information:	Name:	Roger Chaufournier				
	Tel #:	301-529-7858				
	Email:	rchaufournier@spreadinnovation.com				
	Organization:	CSI Solutions				
	City:	Kensington	State:	Maryland	Zip code:	20895

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Alaska

Alaska Native Tribal Health Consortium (ANTHC)

Grant Number:	U674395			
Organization Type:	Health System			
Grantee Organization Information:	Name:	Alaska Native Tribal Health Consortium (ANTHC)		
	Address:	3900 Ambassador Drive; 3rd Floor HIT		
	City:	Anchorage	State:	Alaska
	Tel #:	907-729-4721		
	Website:	https://telehealthtechnology.org		
Primary Contact Information:	Name:	Jordan J. Berg		
	Title:	Program Director		
	Tel #:	907-306-2385		
	Email:	jjberg@anthc.org		

Region Served:

National

Project Description:

The National Telehealth Technology Assessment Center (TTAC) is one of two national telehealth resource centers (TRCs) and has served as the National Technology TRC since 2009. TTAC's primary aim is to create better-informed consumers of telehealth technology. By offering a variety of services in technology assessment, TTAC provides answers to questions about selecting appropriate technologies for telehealth programs, both for startup programs and for programs expanding services. TTAC creates freely accessible educational resources for the broad telehealth community, including technical assessment toolkits, webinars, and research on current technology trends — all of which can be found on TTAC's website. These materials provide unbiased technical information and process guidance. TTAC produces materials that teach fundamental concepts in device assessment and provides foundational information about clinical applications for telehealth technology to a broad national audience. Additionally, TTAC also conducts its Technology Showcase at regional and virtual TRC conferences, allowing conference attendees interested in telehealth technology an opportunity to review and assess similar medical peripherals side by side in a vendor-neutral environment. Providing this technical overview at regional and virtual conferences allows TTAC to reach individuals throughout the nation who have an interest in telehealth technology assessment in a cost-efficient manner. It also allows TTAC the opportunity to partner with the 12 regional TRCs to provide technical information to their regions.

TTAC works collaboratively with the National Consortium of Telehealth Resource Centers (NCTRC). NCTRC has a central website, conducts national webinars, coordinates presentations and representations at national conferences, and collaborates on grant proposals and projects focused on the expansion of telehealth programs. TTAC conducts a technology needs assessment biannually and works with the other TRCs to distribute the assessment to their regions so that we can determine what the current technical assessment trends are and determine the course of action for the technical assessments that will be conducted over the next two years. Additionally, TTAC produces materials that teach fundamental concepts in device assessment and clinical applications. Resource materials created by TTAC serve as technical information and process guidance for providers, individuals, and consumers interested in telehealth applications.

Summary of Project Goals:

TTAC has three goals: (1) to create an informed, knowledgeable, and engaged community regarding telehealth technology and technology assessment; (2) to create an informed, knowledgeable, and engaged community regarding nationally recognized telehealth technology standards, and (3) to strengthen the effectiveness and collaborative capacity of NCTRC, the consortium of Office for the Advancement of Telehealth-funded TRCs intended to enhance the overall effectiveness of the TRC grant program to better respond to technical assistance requests across the whole country and the complete spectrum of telehealth topic areas.

Key objectives:

- Continue to work as the nationally recognized and relied upon reference for telehealth technology assessment;
- Identify and address current market demands for technology assessment and develop assessment toolkits of technology identified by regional TRCs and other customers;
- Continue to raise awareness of national standards surrounding telehealth technologies; and
- Facilitate the development of national policy and guidance for TRCs.

In continuing to collaborate with NCTRC, TTAC will work to maintain the technical capacity of the consortium by contributing in areas of content and operational expertise and maintain a high level of technical assistance expertise with the regional TRCs.

Expected Outcomes:

TTAC's major accomplishment is a continuous, successful effort to create better-informed consumers of telehealth technology. TTAC's services are unique in that program staff can leverage the knowledge and expertise of 12 TRCs throughout the United States and one National Policy TRC to connect clients with resources. Program information is captured by the program staff, who then add value by customizing the information and developing products and services to meet the needs of customers such as toolkits (both video and white papers) and webinars that can be used as a reference when responding to a consumer's need. Needs identified through national surveys, focus groups, and intentional work groups such as the Crystal Ball Project Think Tank, as well as presentations at conferences, and the Technology Showcases provide a platform for developing educational programming such as webinars, videoconferencing programs, and short videos, all of which are placed on the TTAC website.

TTAC creates educational resources for users, providing unbiased technical data and process guidance. For example, due to the pandemic crisis, TTAC has focused technology assessments on direct-to-consumer care and remote patient monitoring, both of which are geared toward providing patient care in the home environment. Additionally, TTAC staff developed a Pandemic Response Toolkit that focused on implementing a telemedicine program during a pandemic and addressed technical as well as policy considerations when starting or rapidly expanding a telemedicine program. TTAC is also embarking on a National Technology Showcase in partnership with NCTRC and showcases regional telehealth programs addressing innovations in telehealth.

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Distance Education	<input type="checkbox"/>	Technology Assessment	<input checked="" type="checkbox"/>
FDA Regulatory Issues	<input checked="" type="checkbox"/>	Telecommunications	<input checked="" type="checkbox"/>
Installation Assistance	<input checked="" type="checkbox"/>	Telehealth Inventory	<input checked="" type="checkbox"/>
Legal and Regulatory Issues	<input checked="" type="checkbox"/>	Telehealth Toolbox	<input checked="" type="checkbox"/>
Licensure	<input type="checkbox"/>	Other:	<input type="checkbox"/>
On-line Technical Support Tool	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Privacy, Security and Confidentiality	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input checked="" type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Cardiology	<input checked="" type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input checked="" type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input checked="" type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input checked="" type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>

Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other:	<input type="checkbox"/>
OB/GYN	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

PIMS Alpha

Update on Continuing Activities from Previous Award:

One of the planned activities with the no-cost extension was the hiring of a marketing/media specialist for TTAC. With the addition of this individual, TTAC has been actively engaged in developing marketing materials and technology assessment educational materials and toolkits. TTAC is updating its toolkits and adding video content to the existing toolkits as they are updated so that they provide a multimedia approach for education and learning. Another planned activity that TTAC is working on is the development of a "technology loan library" where it will be possible to send existing technology to TRCs to use during conferences or local or regional engagements where TTAC is not in attendance. TTAC is working on developing a process where this technology can be sent to TRCs to use and then sent back to TTAC for future use. This includes developing a training process (e.g., video and/or written manuscripts) to help TRCs when they are using this technology at meetings, summits, or conferences. TTAC has also been working on developing a toolkit that addresses consumer "wearables" and has a group of individuals engaged in assessing technology that monitors heart rate, pulse oximetry, exercise, and so on to provide a better understanding of how the technology works and how easy it is to purchase and activate.

**Project Officer (PO)
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City: Rockville

State: Maryland

Zip code: 20857

California

California Telehealth Network

Grant Number:	G22RH30349				
Organization Type:	Non-profit 501(c)(3)				
Grantee Organization Information:	Name:	California Telehealth Network			
	Address:	PO Box 1663			
	City:	Folsom	State:	California	Zip code: 95763
	Tel #:	877-590-8144			
	Website:	https://www.caltrc.org/			
Primary Contact Information:	Name:	Lindsey Haase			
	Title:	Executive Director			
	Tel #:	503-926-1074			
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Region Served:

California

Project Description:

The goal of the California Telehealth Resource Center (CTRC) is to provide expert and customized telehealth technical assistance and education to providers, patients, and families in the state of California, including those located in rural and medically underserved areas. In our proven capacity as the home of the HRSA-designated telehealth resource center (TRC) for the Western Region leveraging industry experience to operate a regional telehealth resource center that provides technical assistance to existing and developing telehealth networks. This project will expand access to, coordinate, and improve the quality of health care services. This project will also improve and expand the training of health care providers as well as the quality of health information available to health care providers, and patients and their families, for decision-making.

Summary of Project Goals:

CTRC has identified seven core service areas to support the objectives of the current grant:

1. To provide technical assistance, training, and support for health care providers and a range of health care entities that provide or will provide telehealth services.
2. To disseminate information and research findings related to telehealth services.
3. To promote effective collaboration among telehealth resource centers and the HRSA Office for the Advancement of Telehealth, as well as other HRSA award recipients.
4. To conduct evaluations to determine the best utilization of telehealth technologies to meet health care needs.
5. To promote the integration of the technologies used in clinical information systems with other telehealth technologies.
6. To foster the use of telehealth technologies to provide health care information and education for consumers in a more effective manner.
7. To implement special projects or studies under the direction of HRSA.

Under each of these areas there are several objectives, activities, and projects that help CTRC meet its goals. Each objective has an associated metric that supports progress monitoring and improvement.

Expected Outcomes:

CTRC will continue to offer training and technical assistance to health centers across California and track the data on the type of assistance required as well as recipient information to understand resource needs, which will in turn help us to develop relevant content and training. CTRC will work collaboratively with other telehealth resource centers to continue to improve the tracking of technical assistance, resource development, and outreach efforts through the PIMS system for accurate reporting to HRSA. CTRC has continued to play a pivotal role in creating educational and training resources on all matters regarding telehealth and plans to expand these efforts in the upcoming years with new and existing partnerships both regionally and nationally. CTRC will host its

annual telehealth summit to increase knowledge of current telehealth topics. CTIRC will continue to offer the summit events as well as other relevant informational webinars, training, workshops, and online courses to cater to the diverse needs in the state of California. CTIRC will continue to augment its resource library with new and updated content on emerging topics. Some of the areas that CTIRC plans to expand in include the creation of more patient-facing resources, creating resources for remote patient monitoring, using integrated telehealth tools, promoting awareness of available telehealth providers, virtual workshops and training opportunities, and a more robust peer-to-peer learning environment through our office hours.

Areas of Expertise:

Credentialing and Accreditation	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input checked="" type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input checked="" type="checkbox"/>
Installation Assistance	<input checked="" type="checkbox"/>	Telehealth Inventory	<input checked="" type="checkbox"/>
Legal and Regulatory Issues	<input type="checkbox"/>	Telehealth Toolbox	<input checked="" type="checkbox"/>
Licensure	<input checked="" type="checkbox"/>	Other: Telehealth Implementation	<input checked="" type="checkbox"/>
On-line Technical Support Tool	<input checked="" type="checkbox"/>	Other: Workflow development	<input checked="" type="checkbox"/>
Privacy, Security and Confidentiality	<input checked="" type="checkbox"/>	Other: Change Management	<input type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input checked="" type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input checked="" type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input checked="" type="checkbox"/>
Behavioral health	<input checked="" type="checkbox"/>	Pediatrics	<input checked="" type="checkbox"/>
Cardiology	<input checked="" type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input checked="" type="checkbox"/>	Pharmacy	<input checked="" type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input checked="" type="checkbox"/>	Physical Therapy	<input checked="" type="checkbox"/>
Diabetes Care and Management	<input checked="" type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input checked="" type="checkbox"/>	Speech/Language Therapy/Pathology	<input checked="" type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input checked="" type="checkbox"/>
HIV/AIDS	<input checked="" type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input checked="" type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input checked="" type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input checked="" type="checkbox"/>	Trauma/Emergency Medicine	<input checked="" type="checkbox"/>
Internal Medicine	<input checked="" type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other:	<input type="checkbox"/>
OB/GYN	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

TRC-ALPHA/PIMS: for data entry and data management	LearnDash: CTIRC's Learning Management System for online courses
Tableau: for data analysis	Zoom: for webinars, internal meetings
EPIC: EMR data for CA	Google Analytics: for website data
JIRA: for project management	Microsoft Tools
Visio: for workflow development	Adobe creative suite: InDesign, Photoshop
Basecamp: Project Management	Wordpress
Canva: website management	Smartsheet: Program Management

Update on Continuing Activities from Previous Award:

All activities for the HRSA COVID legacy grant were completed in the given period (Sept. 1, 2020-Aug. 31, 2021).

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Georgia

Georgia Partnership for Telehealth

Grant Number:	G22RH30350				
Organization Type:	501(c)(3), Not-for-Profit				
Grantee Organization Information:	Name:	Georgia Partnership for Telehealth			
	Address:	3599 Plant Ave. Ext			
	City:	Blackshear	State:	GA	Zip code: 31516
	Tel #:	912-285-0902			
	Website:	www.gpth.org			
Primary Contact Information:	Name:	Lloyd Sirmons			
	Title:	Director			
	Tel #:	912-285-0902			
	Email:	Lloyd.sirmons@setrc.us			

Region Served:

Alabama	South Carolina
Florida	Puerto Rico
Georgia	US Virgin Islands

Project Description:

The Southeast Telehealth Resource Center (SETRC) has proven itself to be a productive and results-oriented Telehealth Resource Center (TRC). It has invested 12 years of time, funding, and human resources into building a reputable and outcomes-driven TRC. SETRC will continue to lead the effort through its key initiatives:

- The SETRC Telehealth Workgroups are great and powerful agents to advance telehealth, address the barriers identified early on in this project, and create an environment for statewide collaboration between telehealth stakeholders.
- The many regional telehealth workgroups and workshops facilitated and supported by SETRC are vital to advancing telehealth awareness across the region.
- The continuation and expansion of the National School of Applied Telehealth is important to creating a ready workforce for the growth of telehealth services in the region and beyond.
- SETRC is skilled at and successful with promoting collaboration among existing telehealth networks and often achieving collaboration between rival programs within a state. Without SETRC and the nonprofit GPT, the ability to bring telehealth providers to the same table might be lost to an academic or medical center-based TRC.

GPT is committed to being one of the most reputable and successful TRCs in the nation. SETRC's 12 years of success demonstrate commitment and expert ability to advance telehealth services in the region and beyond.

Summary of Project Goals:

Program goals are:

1. To promote and deliver SETRC's broad menu of established technical services and telehealth support services to new and existing telehealth providers in the Southeast.
2. To promote the duplication of proven best practices identified over the last seven years within the four states served by SETRC.
3. To foster the correct use of telehealth technologies through education standards and protocols developed for providers and delivered via the National School for Applied Telehealth (NSAT) in collaboration with the California Telehealth Resource Center.
4. To endeavor to become sustainable through the marketing and promotion of SETRC offerings while maintaining a strong collaborative relationship with existing telehealth networks, state and rural health agencies, and the National Consortium of

Telehealth Resource Centers (NCTRC) to build on strengths and capacity of all organizations on a statewide, regional, and national level.

5. To continue the strong collaboration within NCTRC to build upon expertise to provide technical assistance throughout the nation.

Expected Outcomes:

The measure of success for SETRC will be:

- That Alabama, Georgia, Florida, South Carolina, the US Virgin Islands, and Puerto Rico stakeholders are achieving improved access to care and health outcomes for their rural and underserved residents through relevant telehealth programs;
- Collaboration with NCTRC to deliver training standards and standard operating procedures for telehealth networks; and
- That networks in our region will have the ability to exchange health information through strong, secure networks allowing providers and their patients access to electronic health records in compliance with the HITECH Act.

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input checked="" type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input type="checkbox"/>
Installation Assistance	<input checked="" type="checkbox"/>	Telehealth Inventory	<input type="checkbox"/>
Legal and Regulatory Issues	<input type="checkbox"/>	Telehealth Toolbox	<input type="checkbox"/>
Licensure	<input type="checkbox"/>	Other:	<input type="checkbox"/>
On-line Technical Support Tool	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Privacy, Security and Confidentiality	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input checked="" type="checkbox"/>	Pediatrics	<input checked="" type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input checked="" type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>
Internal Medicine	<input checked="" type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other:	<input type="checkbox"/>
OB/GYN	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

N/A

Update on Continuing Activities from Previous Award:

Mobile Telehealth Learning Center — SETRC continues to promote hands-on learning through its mobile telehealth learning center (TLC). SETRC continues to seek opportunities to provide hands-on training and education across the region.

Toddler Tracks — Toddler Tracks is an early autism intervention program that was developed with CARES Act funds. This is an online program that provides education around early detection for parents and providers.

Online Telehealth Education through the National School of Applied Telehealth — the NSAT is the education arm of SETRC. Students receive a certificate upon completion of the course. There are three main NSAT courses: Telehealth Coordinator, Telemedicine Presenter, and Telehealth Liaison.

The work with the U.S. Virgin Islands health information exchange initiative continues. SETRC continues to provide support for the final meeting and health information exchange report

Project Officer (PO) Contact Information:	Name:	Michelle Carnes, PhD				
	Tel #:	301-443-0007				
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	Organization:	Office for the Advancement of Telehealth (OAT)				
	City:	Rockville	State:	Maryland	Zip code:	20857

Indiana

Indiana Rural Health Association

Grant Number:	U1UTH42522				
Organization Type:	Health Association				
Grantee Organization Information:	Name:	Indiana Rural Health Association			
	Address:	2901 Ohio Boulevard, Suite 240			
	City:	Terre Haute	State:	Indiana	Zip code: 47803
	Tel #:	812-478-3919			
	Website:	https://www.indianaruralhealth.org/			
Primary Contact Information:	Name:	Amnah Anwar			
	Title:	Project Director			
	Tel #:	8126052639			
	Email:	Aanwar@indianarha.org			
Region Served:					
Indiana		Illinois			
Michigan		Ohio			
Project Description:					
<p>The Upper Midwest Telehealth Resource Center (UMTRC) is a federally funded program of the Indiana Rural Health Association (IRHA) serving the four-state region of Illinois, Indiana, Michigan, and Ohio. As a member of the National Consortium of Telehealth Resource Centers, UMTRC has forged multidisciplinary relationships with affiliated partners to provide a comprehensive set of telehealth clinical and technical assistance (TA) services leveraged into products of lasting value, including TA resources housed on the UMTRC website, delivery of educational webinars and video-on-demand, training, and individualized TA events.</p> <p>UMTRC seeks to serve the needs of all providers and citizens who engage in telehealth services and telemedicine delivery throughout the target service area, with the expressed goal of providing a single point of contact for telehealth TA. One of the benefits of expanding telehealth coverage and providing TA in underserved communities, particularly those challenged by the omnipresent and intersectional issues of poverty, lack of insurance coverage, and lack of health care providers, among others, is the potential to alleviate some of the burdens on an already strained system and more efficiently reach geographically isolated constituents. UMTRC primarily interacts with other HRSA-funded grantees across the four states.</p>					
Summary of Project Goals:					
<p>Provide appropriate avenues for telehealth TA and educational resources to increase telehealth awareness, skills, and knowledge throughout the region. Maintain a wide variety of relevant, up-to-date resources on the UMTRC website, UMTRC blog, and UMTRC podcast and on the UMTRC Facebook, LinkedIn, and YouTube pages. Increase awareness of UMTRC throughout the region. Disseminate successful telehealth program strategies, examples, and education throughout the region with feedback and collaboration from the UMTRC consortium partners. Maintain and further develop UMTRC as a trusted, objective telehealth point of contact regionally and nationally with feedback and collaboration from the UMTRC consortium partners.</p> <p>Strengthen the effectiveness and collaborative capacity of the National Consortium of Telehealth Resource Centers, the consortium of OAT-funded Telehealth Resource Centers (TRCs) intended to enhance the overall effectiveness of the TRC grant program to better respond to TA requests across the whole country and the complete spectrum of telehealth topic areas. Maintain and enhance the collaborative structure of the National Consortium of Telehealth Resource Centers. Maintain and enhance the TA capacity of the National Consortium of Telehealth Resource Centers by contributing to the consortium in areas of content and operational expertise. Maintain a high level of TA expertise within the regional TRC. Engage with local community organizations that are serving target vulnerable populations. Learn the needs of vulnerable populations in order to determine how telehealth could best be utilized with feedback and collaboration from the UMTRC consortium partners. Provide documentation to distribute to local communities. Maintain a regional consortium across Indiana, Illinois, Michigan, and Ohio. Evaluate and continuously improve the performance of the TRC by adapting to meet the needs of the ever-changing health care landscape. Investigate the quality of UMTRC activities.</p>					

Expected Outcomes:

While telehealth services increased dramatically during the pandemic, the use of counseling and consultation with health care providers via telemedicine still face barriers in regard to implementation, policy, and reimbursement. UMTRC seeks to work with all its constituents to ensure improved quality and training in the realm of telehealth services, as well as expanding access to health care services for vulnerable populations. This also includes being involved with advocacy efforts focused on adequate broadband access.

Other outcomes include providing a single point of contact for telehealth TA resources across the UMTRC region, increased awareness of telehealth opportunities, the implementation and longevity of new telehealth services, and continuously providing up-to-date information for its customers in a rapidly evolving area of health care practice and technology.

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input type="checkbox"/>
Installation Assistance	<input type="checkbox"/>	Telehealth Inventory	<input type="checkbox"/>
Legal and Regulatory Issues	<input type="checkbox"/>	Telehealth Toolbox	<input checked="" type="checkbox"/>
Licensure	<input type="checkbox"/>	Other:	<input type="checkbox"/>
On-line Technical Support Tool	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Privacy, Security and Confidentiality	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input checked="" type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input checked="" type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input checked="" type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input checked="" type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input checked="" type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other:	<input type="checkbox"/>
OB/GYN	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

REDCap

Update on Continuing Activities from Previous Award:

N/A

Project Officer (PO) Contact Information:	Name:	Michelle Carnes, PhD				
	Tel #:	301-443-0007				
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	Organization:	Office for the Advancement of Telehealth (OAT)				
	City:	Rockville	State:	Maryland	Zip code:	20857

Maine

Medical Care Development, Inc.

Grant Number:	U1UTH42523			
Organization Type:	Non-profit 501(c)(3), Non-Governmental Organization (NGO); Public Health Institute			
Grantee Organization Information:	Name:	Medical Care Development Inc. dba MCD Global Health		
	Address:	105 Second St. Suite 2A		
	City:	Hallowell	State:	Maine
	Tel #:	207-622-7566		
	Website:	www.mcd.org		
Primary Contact Information:	Name:	Danielle Louder		
	Title:	Director		
	Tel #:	207-622-7566 x225		
	Email:	dlouder@mcd.org		

Region Served:

Connecticut	New York
Massachusetts	Rhode Island
Maine	Vermont
New Hampshire	

Project Description:

The Northeast Telehealth Resource Center (NETRC) was established as a regional Telehealth Resource Center (TRC) in 2011 to provide technical assistance and needed resources for advancing the effective use of telehealth as a way to facilitate access to quality health care in rural and underserved communities within the region. Funded through HRSA's Office for the Advancement of Telehealth (OAT), NETRC serves the six New England states and New York.

As home to NETRC, MCD Global Health collaborates with key partners throughout the region, including the University of Vermont Medical Center, the University of Vermont Health Network, a number of other regional clinical partners and telehealth leaders, academic institutions, and a diverse group of expert telehealth consultants to provide a broad scope of services focused on development and expansion of telehealth programs throughout the region. These services include but are not limited to individualized technical assistance and resource development; outreach, training, and education; leadership; and strategic planning around all core telehealth topic areas, such as technology assessment and installation, policy, reimbursement, business models, legal and regulatory considerations, telehealth etiquette, best practices and guidelines, broadband, telecommunications, and more.

In addition to its regional efforts, NETRC works closely with the National Consortium of Telehealth Resource Centers (NCTRC), which includes 12 regional TRCs, and two national TRCs to respond to needs and trends that are relevant on a national scale, which includes provision of technical assistance and training to national groups, and development of resources, such as fact sheets, topic briefs, training curricula, and toolkits for national audiences. Through these collaborative efforts, the TRCs are able to leverage the extensive expertise of a diverse network of telehealth leaders to promote the greatest reach and impact possible across the United States and to bring those resources back to each of their respective regions.

Summary of Project Goals:

Goal 1: More health care providers, organizations, and systems (with focus on rural organizations) have and use capacity to deliver care utilizing telehealth.

- Objective 1: Develop, maintain and distribute tools/resources to share experience, best practice and expertise.
- Objective 2: Provide assistance and services addressing customer needs.
- Objective 3: Offer educational opportunities.

Goal 2: NETRC is a sustainable organization providing leadership in spreading the use of telehealth applications.

- Objective 1: Maintain organizational structure and operating practices that ensure successful program implementation.
- Objective 2: Develop, maintain and improve effective policies and procedures.
- Objective 3: Increase demand for services, and diversify funding sources.

Goal 3: Strengthen the effectiveness and collaborative capacity of the National Consortium of Telehealth Resource Centers.

- Objective 1: Maintain/enhance collaborative structure.
- Objective 2: Maintain/enhance collaborative TA capacity.
- Objective 3: Maintain high level of TA expertise regionally.

Expected Outcomes:

Expanded reach and impact: In alignment with its goals, NETRC has consistently exceeded established targets for providing technical assistance and resources to regional stakeholders, reaching thousands of organizations and individuals throughout the seven-state region it serves and beyond. In response to the COVID-19 pandemic, NETRC effectively handled a nearly 300% increase in requests for assistance from regional stakeholders needing to quickly pivot to virtual care throughout the course of the pandemic. As COVID has evolved and the U.S. continues to see challenges both directly and indirectly related to the pandemic (e.g. mental health crises, workforce shortages, etc.), the NETRC has continued to respond to increases in both the number and scope of requests for assistance and resources among regional and national stakeholders, and anticipates this trend to continue moving forward.

Enabling a “telehealth ready” workforce: Continued efforts with clinical and academic partners will result in effective, easily accessible telehealth training opportunities for a broad variety of health profession students and the current health care workforce in each of the NETRC states and beyond. NETRC will continue to leverage its new Telehealth Classroom to house and promote these resources, as well as partnering on live training events such as Project ECHO.

Continued leadership within the telehealth landscape: Support and leadership of collaborative efforts with existing and new partners, both within the region and nationally, will ensure that collective expertise and resources are effectively leveraged to promote evidence-based approaches, avoid duplication, and create additional opportunities for improved health access and outcomes through telehealth.

Areas of Expertise:

Credentialing and Accreditation	<input checked="" type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input checked="" type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input checked="" type="checkbox"/>
Installation Assistance	<input checked="" type="checkbox"/>	Telehealth Inventory	<input checked="" type="checkbox"/>
Legal and Regulatory Issues	<input checked="" type="checkbox"/>	Telehealth Toolbox	<input checked="" type="checkbox"/>
Licensure	<input checked="" type="checkbox"/>	Other: Mapping and Data Visualization	<input checked="" type="checkbox"/>
On-line Technical Support Tool	<input checked="" type="checkbox"/>	Other: E-Learning Curriculum Development	<input checked="" type="checkbox"/>
Privacy, Security and Confidentiality	<input checked="" type="checkbox"/>	Other: Literature Review and Webliography Compilation (Telehealth Research Library)	<input checked="" type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input checked="" type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input checked="" type="checkbox"/>	Physical Therapy	<input type="checkbox"/>

Diabetes Care and Management	<input checked="" type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input checked="" type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input checked="" type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other:	<input type="checkbox"/>
OB/GYN	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

Zoom Meeting/Webinar	ESRI ArcGIS Enterprise Software
Microsoft Teams Meetings and Webinars	Microsoft Azure Cloud Infrastructure and Storage
Telehealth Carts and Training Devices (Stethoscopes, Exam Cameras, etc.)	MCD IT Infrastructure and Website Design
EventMobi Virtual Conference Software (Through 09/2022)	Virtual Video Conference Cameras (Logitech(s), PolyCom, Owl Camera)

Update on Continuing Activities from Previous Award:

1. **NETRC 2022 Conference.** The 2022 NETRC conference (eighth annual) was held in a hybrid (virtual plus in-person) format on September 29 and 30, 2022, in Southbridge, MA. The conference saw over 160 attendees, speakers, and vendors attend across both mediums and included over 25 breakout sessions on a broad variety of topics and two new pre-conference sessions on pediatric telebehavioral health and successful communications for telehealth programs. The supplies, staffing, and travel funds carried over from the past award for this event have been expended. Recordings and slides are available to interested parties post-event, as a way to further share resources and telehealth expertise.
2. **NCTRC Annual Meeting.** The most recent NCTRC Annual Planning Meeting was held in Park City, Utah, during the week of April 11, 2022. The NETRC team had set aside funds from the previous award to ensure the necessary staff members could attend and participate in this two-day event and discussion. This event was a huge success, and the NETRC team has a number of concrete action items and project ideas that stemmed from the discussions. The staffing time and travel costs associated with this no-cost extension (NCE) effort have been expended, and the activity is complete.
3. **Increased Staffing.** No cost extensions for both CARES Act funding (through March 31, 2022) and Regional TRC legacy funding for the 2021-2022 project period (through August 31, 2022) allowed the NETRC to maintain some additional staffing capacity to accommodate sustained increases in requests for TTA services across the region and beyond, and to help ensure integration of new initiatives and resources developed under CARES Act funding into the NETRC's workplan long-term. All funds have been expended as of 8/31/2022. Examples of these efforts include but are not limited to: TelehealthClassroom material development and maintenance, TelehealthLocator administration, development and implementation, new regional and state-level workgroups, development of new resources such as fact sheets focused on key regional stakeholder needs, and more.

Project Officer (PO) Contract Information:	Name:	Louise Nott		
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	City:	Rockville	State:	Maryland
			Zip code:	20857

California

Public Health Institute

Grant Number:	U67TH43496			
Organization Type:	Non-Profit			
Grantee Organization Information:	Name:	Public Health Institute		
	Address:	555 12th Street, 6th Floor, Suite 600		
	City:	Oakland	State:	CA
	Tel #:	1-877-707-7172		
	Website:	www.cchpca.org		
Primary Contact Information:	Name:	Mei Kwong		
	Title:	Executive Director		
	Tel #:	916-993-6179		
	Email:	meik@cchpca.org		

Region Served:

National

Project Description:

Since 2012, the Center for Connected Health Policy (CCHP) has served as the National Telehealth Resource Center on Policy. In this capacity, CCHP works with 12 regional telehealth resource centers (RTRCs) and the national technology telehealth resource center (TRC) in efforts to expand the availability of telehealth services in underserved communities; improve the quality, efficiency, and effectiveness of telehealth services; and promote the dissemination of best practices in telehealth. CCHP is recognized as a national source of timely, reliable, and unbiased information and provides technical assistance (TA) to support the policy needs of each RTRC. In addition, CCHP informs and assists the general public and policymakers in navigating the multitude of complex issues and in potentially reforming policies as telehealth becomes more accessible and reliable. CCHP provides responsive policy TA by closely tracking market trends, major state and federal policies, court cases, regulations, and other activities. CCHP develops common as well as tailored training and educational materials for the RTRCs and HRSA grantees. CCHP also researches and produces objective fact sheets of telehealth policy analysis, research catalogs, and regular e-newsletters on timely policy issues. CCHP's nationally recognized, comprehensive website houses its interactive policy finder tool database with current telehealth policies, laws, and regulations for all 50 states and other materials it produces and is accessible by the general public. The general public can also access one-on-one TA through the website and its toll-free number. CCHP's thorough, in-depth analyses and tracking methods are unique to the organization, allowing it to collate a wide variety of information that paints a complete picture of the policy issues that are trending. CCHP also acts as the administrator for the National Consortium of Telehealth Resource Centers (NCTRC), which is made up of the 14 recipients of the telehealth resource centers cooperative agreements from the Health Resources and Services Administration (HRSA).

Summary of Project Goals:

CCHP has three major goals: (1) continue to provide responsive, timely, and targeted TA to strengthen the capacity of the RTRCs to address telehealth-related policy issues in their region; (2) continue to serve as a national center of excellence on telehealth policy for HRSA grantees, rural communities, and key constituencies across the United States; (3) serve as a convener and connector to support collaboration among leaders from diverse fields that seek to promote and utilize telehealth in response to the evolving environment, including federal, regional, and state policymakers; groups; providers; diverse organizations with interests in telehealth such as homeless and disabled community representatives; and others; and (4) continue to strengthen the effectiveness and collaborative capacity of the NCTRC, a consortium of the Office for the Advancement of Telehealth (OAT)-funded TRCs intended to enhance their overall effectiveness and efficiency of TRC program to better respond to TA requests across the whole country and the complete spectrum of telehealth topic areas.

Expected Outcomes:

Through CCHP's work as a technical expert and educator on telehealth policy, expected outcomes include a greater familiarity for providers, health systems, consumers, policymakers, national and regional organizations, and others with telehealth and telehealth policy on both the state and federal level, increased utilization of telehealth, and a more favorable federal and state policy landscape for telehealth. CCHP's work will help strengthen existing telehealth programs and help start new ones, increasing utilization of the technology to deliver services, particularly those in rural and underserved areas.

Areas of Expertise:

Credentialing and Accreditation	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>
Distance Education	<input type="checkbox"/>	Technology Assessment	<input type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input checked="" type="checkbox"/>
Installation Assistance	<input type="checkbox"/>	Telehealth Inventory	<input type="checkbox"/>
Legal and Regulatory Issues	<input checked="" type="checkbox"/>	Telehealth Toolbox	<input type="checkbox"/>
Licensure	<input checked="" type="checkbox"/>	Other: Customized One-on-One Technical Assistance	<input checked="" type="checkbox"/>
On-line Technical Support Tool	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Privacy, Security and Confidentiality	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Program Planning and Development	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other: Telehealth Policy	<input checked="" type="checkbox"/>
OB/GYN	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

N/A

Update on Continuing Activities from Previous Award:

CCHPs no-cost extension for previous grant No. G22RH30365 ended on Oct. 31, 2021. All activities as described were completed and all funds under the award have been exhausted.

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	Email:	mcarnes@hrsa.gov					
	Organization:	Office for the Advancement of Telehealth (OAT)					
	City:	Rockville	State:	Maryland	Zip code:	20857	

Virginia

Rector & Visitors of the University of Virginia

Grant Number:	U1U42524				
Organization Type:	University				
Grantee Organization Information:	Name:	Rector & Visitors of the University of Virginia			
	Address:	PO Box 400195			
	City:	Charlottesville	State:	Virginia	Zip code: 22904
	Tel #:	434-924-4270			
	Website:	https://www.matrc.org/			
Primary Contact Information:	Name:	Kathy H. Wibberly, PhD			
	Title:	Director, Mid-Atlantic Telehealth Resource Center			
	Tel #:	434-906-4960			
	Email:	Kathy.Wibberly@virginia.edu			

Region Served:

Delaware	North Carolina
District of Columbia	Pennsylvania
Kentucky	Virginia
Maryland	West Virginia
New Jersey	

Project Description:

The Mid-Atlantic Telehealth Resource Center (MATRC) provides technical assistance through information dissemination via the MATRC web portal, social media, and quarterly e-newsletter and continued use of the expert knowledge of staff, along with a large network of consultative service partners to provide in-depth training and technical assistance. This includes the availability of regular virtual office hours; continued sponsorship of an annual regional telehealth summit; development of web-based tools and technologies to assist end-users with finding information efficiently; and working with a network of strategic partners to identify and respond to emerging needs, ensure timely and up-to-date information, and address the needs of vulnerable and underserved populations. MATRC relies on the input of a diverse advisory board, is an active member of the National Consortium of Telehealth Resource Centers (NCTRC) and has a vast network of strategic partnerships with HRSA-funded training centers and national organizations.

Summary of Project Goals:

Primary goals are:

1. To offer a range of sustainable services and activities designed to promote, develop, and support the knowledge, skills, and abilities needed by health care providers, organizations, and consumers in their implementation of telehealth best practices.
2. To develop new and maintain existing partnerships and collaborations that will increase MATRC's ability to respond effectively and efficiently to emerging and high-demand applications of telehealth in order to meet the needs of vulnerable and underserved areas and populations.
3. To strengthen the effectiveness and collaborative capacity of NCTRC, the consortium of Office for the Advancement of Telehealth (OAT)-funded Telehealth Resource Centers (TRCs) intended to enhance the overall effectiveness of the TRC grant program to better respond to technical assistance requests across the whole country and the complete spectrum of telehealth topic areas.

Primary objectives:

1. Providing technical assistance, training, and support for health care providers and a range of health care entities;
2. Disseminating information and research findings related to telehealth services;

3. Promoting effective collaboration among TRCs and the HRSA OAT, as well as other HRSA award recipients;
4. Conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs;
5. Promoting the integration of the technologies used in clinical information systems with other telehealth technologies;
6. Fostering the use of telehealth technologies to provide health care information and education for consumers in a more effective manner; and
7. Implementing special projects or studies under the direction of HRSA.

Expected Outcomes:

Expected outcomes include:

- Reaching all geographic areas within MATRC's footprint with technical assistance and outreach activities.
- Increasing awareness of the depth and breadth of telehealth applications.
- Increasing adoption of telehealth technologies into everyday practice by individual providers and organizations.
- Improving knowledge, skills, and abilities around the implementation of telehealth best practices.

Areas of Expertise:

Credentialing and Accreditation	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input checked="" type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input checked="" type="checkbox"/>
Installation Assistance	<input type="checkbox"/>	Telehealth Inventory	<input checked="" type="checkbox"/>
Legal and Regulatory Issues	<input checked="" type="checkbox"/>	Telehealth Toolbox	<input checked="" type="checkbox"/>
Licensure	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
On-line Technical Support Tool	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Privacy, Security and Confidentiality	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input checked="" type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input checked="" type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input checked="" type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other: School Telehealth	<input checked="" type="checkbox"/>
OB/GYN	<input type="checkbox"/>	Other: Senior Friendly Telehealth	<input checked="" type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other: Telehealth for Vulnerable Populations	<input checked="" type="checkbox"/>

Telehealth/Health Information Technology System(s):

Zoom	TRC Alpha
Adobe Creative	

Update on Continuing Activities from Previous Award:

N/A

Project Officer (PO) Contact Information:	Name:		Louise Nott			
	Tel #:		301-443-5382			
	Email:		lnott@hrsa.gov			
	Organization:		Office for the Advancement of Telehealth (OAT)			
	City:		Rockville	State:	Maryland	Zip code: 20857

Minnesota

Regents of the University of Minnesota

Grant Number:	U1UTH42525				
Organization Type:	Public University				
Grantee Organization Information:	Name:	University of Minnesota; Institute for Health Informatics			
	Address:	8-100 Phillips Wangenstein Bldg., MMC912, 420 Delaware St. SE			
	City:	Minneapolis	State:	Minnesota	Zip code: 55455
	Tel #:	888-239-7092			
	Website:	www.gptrac.org			
Primary Contact Information:	Name:	Jonathan Neufeld, PhD			
	Title:	Principle Investigator (PI) and Program Director			
	Tel #:	574-606-5038			
	Email:	jneufeld@umn.edu			

Region Served:

Iowa	South Dakota
Minnesota	Wisconsin
Nebraska	National
North Dakota	

Project Description:

The Great Plains Telehealth Resource and Assistance Center (gpTRAC) provides extensive outreach and tailored consultations to telehealth providers in the states of Wisconsin, Minnesota, North and South Dakota, Nebraska, and Iowa. These states all consist of primarily rural counties, and their populations suffer from health disparities and provider shortages that telehealth can help address. Through activities aimed at spreading awareness, educating stakeholders, connecting with programs throughout the region, and collaborating with other telehealth resource centers, gpTRAC will help establish and further extend telehealth services across the Great Plains region.

gpTRAC will maintain and increase its successful outreach activities to include conference presentations in each covered state every year. It will also increase the number and scope of its technical assistance activities to better serve the needs of the region, including the addition of more resources for advanced programs. It will continue to coordinate a high-quality regional conference for Great Plains telehealth programs, while improving the quality of its services through better quality feedback and greater responsiveness to new questions and needs.

gpTRAC maintains a Program Advisory Council made up of successful telehealth programs in each of the covered states. The group serves as a sounding board and heightens our awareness of various telehealth issues in the region. Additionally, gpTRAC is a founding member of the National Consortium of Telehealth Resource Centers (NCTRC), a consortium of federally funded telehealth resource centers committed to improving the quality, accessibility, efficiency, and evaluation of federally funded telehealth technical assistance. Together, these two groups keep gpTRAC anchored to its constituents locally and nationally.

Summary of Project Goals:

1. Maintain and enhance the structure, partnerships, affiliations, reach, and visibility of gpTRAC across the region.
2. Maintain and increase the scope and effectiveness of the resource center's technical assistance activities and capacities.
3. Strengthen the effectiveness and collaborative capacity of NCTRC to enhance the effectiveness of the grant program in responding to technical assistance requests.

Expected Outcomes:

- gpTRAC will remain uniquely identifiable within the University of Minnesota, Institute of Health Informatics.

- The Program Advisory Council will continue with regular meetings; as needed, it will add members to ensure balanced representation.
- New collaborations will be pursued and developed with statewide, regional, and national stakeholders and organizations.
- The gpTRAC website and various digital and social media tools will be used in a consistent manner, revised, and expanded as needed.
- Additional resources and tools will be developed as need is identified or requested.
- gpTRAC will again host a regional telehealth conference with high-quality educational programming and networking opportunities.
- gpTRAC will continue to have a presence (in-person or virtually, as available) at state conferences in each state of the region.
- gpTRAC will meet the needs of the region through tailored technical assistance, consultations, and trainings and roundtable sessions.
- gpTRAC will support the efforts and collaborative goals of NCTRC through joint projects, toolkits, webinars, attendance at national conferences, and other shared resource development.

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input checked="" type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input type="checkbox"/>
Installation Assistance	<input type="checkbox"/>	Telehealth Inventory	<input type="checkbox"/>
Legal and Regulatory Issues	<input checked="" type="checkbox"/>	Telehealth Toolbox	<input checked="" type="checkbox"/>
Licensure	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
On-line Technical Support Tool	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Privacy, Security and Confidentiality	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input checked="" type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other:	<input type="checkbox"/>
OB/GYN	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

Zoom App Sheets/TRC ALPHA

Update on Continuing Activities from Previous Award:

The work long provided through gpTRAC will continue into this new grant cycle, including technical assistance, regional and national outreach efforts, educational activities (webinars, regional conferences, presentations), and other consulting requests. No additional time extension was needed for these funds as they were fully expended under the originally expected grant time frame.

Project Officer (PO) Contact Information:	Name:	Louise Nott				
	Tel #:	301-443-0614				
	Email:	lnott@hrsa.gov				
	Organization:	Office for the Advancement of Telehealth (OAT)				
	City:	Rockville	State:	Maryland	Zip code:	20857

Texas

Texas Tech University Health Sciences Center

Grant Number:	U1UTH42526				
Organization Type:	University				
Grantee Organization Information:	Name:	Texas Tech University Health Sciences Center			
	Address:	3601 4th Street			
	City:	Lubbock	State:	Texas	Zip code: 79430
	Tel #:	(806) 743-1000			
	Website:	www.ttuhsc.edu			
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	Title:	Director			
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Region Served:

Texas

Louisiana

Project Description:

The purpose of the Texas and Louisiana Telehealth Resource Center (TexLa TRC) is to expand the practice of telehealth and its usage in Texas and Louisiana in order to meet an increase and expansion in the delivery of a wider spectrum of health care. Originally established under HRSA grant No. G22RH24748 in 2012, TexLa TRC has become a trusted partner for the effective adoption and implementation of telehealth resources in the West Central Region, consisting of Texas and Louisiana, and a contributing member of the National Consortium of Telehealth Resource Centers.

Summary of Project Goals:

The goals of TexLa TRC during the proposed project period are to:

- Provide technical assistance, outreach, and education throughout the service area;
- Evaluate telehealth programs in Texas and Louisiana;
- Work to reduce legislative, regulatory, and reimbursement barriers for telehealth; and
- Collaborate with HRSA and the National Consortium of Telehealth Resource Centers on multiple initiatives and special projects to enhance the overall effectiveness of the TRC grant program.

Expected Outcomes:

- To continue to expand the availability of telehealth services in underserved communities with known health disparities
- To continue to improve the quality, efficiency, and effectiveness of telehealth services
- To continue to promote the dissemination of best practices in telehealth
- To promote unique innovations tailored to particular regions, care models, and clinical conditions

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input checked="" type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input checked="" type="checkbox"/>
Installation Assistance	<input checked="" type="checkbox"/>	Telehealth Inventory	<input checked="" type="checkbox"/>
Legal and Regulatory Issues	<input checked="" type="checkbox"/>	Telehealth Toolbox	<input type="checkbox"/>
Licensure	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
On-line Technical Support Tool	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Privacy, Security and Confidentiality	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>		
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>		
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>		
Areas of Specialty:					
Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>		
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>		
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>		
Behavioral health	<input checked="" type="checkbox"/>	Pediatrics	<input type="checkbox"/>		
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>		
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>		
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>		
Dermatology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>		
Diabetes Care and Management	<input type="checkbox"/>	Pulmonology	<input type="checkbox"/>		
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>		
ENT	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>		
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>		
Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input checked="" type="checkbox"/>		
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input checked="" type="checkbox"/>		
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>		
Neonatology	<input type="checkbox"/>	Other:	<input type="checkbox"/>		
OB/GYN	<input type="checkbox"/>	Other:	<input type="checkbox"/>		
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>		
Telehealth/Health Information Technology System(s):					
PIMS Alpha	Zendesk				
Update on Continuing Activities from Previous Award:					
TexLa TRC continues to provide technical assistance, outreach, and education on an ongoing basis.					
Project Officer (PO) Contact Information:	Name:	Michelle Carnes, PhD			
	Tel #:	301-443-0007			
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	Organization:	Office for the Advancement of Telehealth (OAT)			
	City:	Rockville	State:	Maryland	Zip code:

Arizona

University of Arizona

Grant Number:	G22RH30360				
Organization Type:	University of Arizona				
Grantee Organization Information:	Name:	University of Arizona			
	Address:	University of Arizona Sponsored Projects Services PO Box 210158			
	City:	Tucson	State:	Arizona	Zip code: 85719
	Tel #:	520-626-6000			
	Website:	https://research.arizona.edu/services/sponsored-projects-services			
Primary Contact Information:	Name:	Elizabeth A. Krupinski, PhD			
	Title:	Director			
	Tel #:	520-626-2493			
	Email:	Ekрупin@emory.edu			
Region Served:					
Arizona	Nevada				
New Mexico	4 Corners Region				
Colorado					
Project Description:					
<p>The overall goal is to expand and enhance training and advice services to effectively develop and sustain telehealth (TH) programs in the Southwest where rural, medically underserved, and culturally diverse populations are in great need of TH solutions to efficiently and effectively address health care needs. Success to date in providing training and advice to thousands of customers attests to the Southwest Telehealth Resource Center's (SWTRC's) ability to serve as an effective Telehealth Resource Center (TRC) for the Southwest region. In collaboration with regional partners and the National Consortium of Telehealth Resource Centers (NCTRC), the SWTRC will continue to develop new training modules, online courses, webinars, and toolkits, as well as provide fundamental technical assistance (TA) to the Southwest Region TH customers. The SWTRC has the infrastructure, methods, experience, and expertise to provide advice and training on the effective use of TH in the Southwest. New goals for this period focus on collaboration with NCTRC to build upon expertise and provide TA throughout the nation and to further promote evidence-based research within the TRCs and partners engaged in TH. Core partners are convened in each SWTRC state (Arizona, Colorado, New Mexico, Nevada, and Utah) and meet monthly to discuss coordination of state efforts and work with HRSA FLEX programs, state departments of health services, and numerous health care organizations. There is coordination with NCTRC via monthly calls, referrals of customers as appropriate, management of joint booths at national events, and coordination of efforts to maximize effectiveness without duplication.</p>					
Summary of Project Goals:					
<p>SWTRC will continue to develop innovative training modules, online courses, webinars, and toolkits and to provide fundamental TA assistance to our TH customers. Monthly meetings will continue with NCTRC to plan national activities to create efficiencies in providing TA for TH development, seek NCTRC input when assistance is requested, and partner whenever possible to promote TH regionally and nationally. SWTRC has established the structure and administrative mechanisms to transform the NCTRC collective of 14 individual TRCs into a uniform, centrally managed entity focused on improving and expanding the types of services provided to obtain more concrete evidence-based outcomes of the impact of the NCTRC on TH implementation, practice, and sustainability. SWTRC has evaluation methods in place for all aspects, from training to our impact on programs helped. SWTRC, in association with a number of the other TRCs, is establishing an innovative new society (SEARCH — Society for Education and the Advancement of Research in Connected Health) dedicated to impartial scholarship, advocacy, and promotion of health care provision across time and distance through education and training in connected health research methods, interpretation, and dissemination. SWTRC will use our established methods, backed by careful statistical analyses, to evaluate SWTRC program</p>					

initiatives. The existing business model includes a structured payment model for TA beyond basic consults that take less than 10 hours to fulfill, increasing the promise of sustainability.

Expected Outcomes:

- Maintain and enhance the NCTRC collaborative structure.
 - Maintain the agreed-upon voluntary collaborative structure and practices of NCTRC.
 - Participate in scheduled calls and meetings, including at least one in-person strategic planning meeting per year.
- Maintain and enhance TA capacity by contributing content and operational expertise.
 - Contribute to joint projects on development of training materials, toolkits, curricula, and other materials for use by all consortium members.
 - Contribute to webinar series and other shared training activities.
 - Contribute to shared displays and TA at national conferences and other planned events.
 - Participate in development of efficient inter-TRC referral methods for organizations needing specific services or expertise beyond that available in the local TRC.
- Maintain a high level of TA expertise within NCTRC.
 - Participate in internal training activities intended to share current knowledge and best practices across multiple telehealth domains.

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input checked="" type="checkbox"/>
FDA Regulatory Issues	<input checked="" type="checkbox"/>	Telecommunications	<input checked="" type="checkbox"/>
Installation Assistance	<input checked="" type="checkbox"/>	Telehealth Inventory	<input checked="" type="checkbox"/>
Legal and Regulatory Issues	<input checked="" type="checkbox"/>	Telehealth Toolbox	<input type="checkbox"/>
Licensure	<input type="checkbox"/>	Other: evaluation	<input checked="" type="checkbox"/>
On-line Technical Support Tool	<input type="checkbox"/>	Other: clinical services	<input checked="" type="checkbox"/>
Privacy, Security and Confidentiality	<input checked="" type="checkbox"/>	Other: training & education	<input checked="" type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input checked="" type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>
HIV/AIDS	<input checked="" type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input checked="" type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>

Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other: Radiology	<input checked="" type="checkbox"/>
OB/GYN	<input type="checkbox"/>	Other: Pathology	<input checked="" type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other: Palliative Care	<input checked="" type="checkbox"/>

Telehealth/Health Information Technology System(s):

PIMS (data reporting system)

There are a variety of peripheral devices used in training (e.g., electronic stethoscopes, cameras) — since provider clinical telehealth services are not provided. The SWTRC does not use dedicated clinical platforms/EMR, etc.

Update on Continuing Activities from Previous Award:

SWTRC progressed effectively on the work plan, providing training and advice services to effectively develop and sustain telemedicine programs in the Southwest where rural, medically underserved, and culturally diverse populations are in great need of telemedicine solutions to address health care needs.

SWTRC continued to maintain the website, revamping it to give it a more up-to-date look and functionality: <https://southwesttrc.org/>. SWTRC continued to maintain, update, and promote our Service Provider Directory (SPD) (<http://telemedicine.arizona.edu/servicedirectory>), created in conjunction with the Arizona Telemedicine Program (ATP). It is a resource for hospital and health care administrators and other decision-makers to expand and improve health care services. It lists companies providing medical specialty (e.g., neurology) and ancillary services (e.g., language interpretation) through telemedicine to health care providers. The SPD continues to grow and attract traffic. SWTRC's two full-day training courses, Developing a Telemedicine Program and Telemedicine Applications, continued to be very successful and attract attendees from the Southwest region plus nationally and internationally, with higher attendance since it went virtual compared to in-person. SWTRC continued to offer webinars and added special ones to the schedule, and presented at least once per year at the NCTRC webinar series. The help desk continued to receive regular inquiries about a variety of topics, especially from new providers just getting into telemedicine. The blogs have been quite popular with more requests by outside writers to contribute. Attendance at on-site events (conferences with booths) was curtailed due to COVID, but people did attend some virtually with varied success. SWTRC continued to give talks at meetings and write papers.

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	Tel #:	301-443-0614			
	Email:	lnott@hrsa.gov			
	Organization:	Office for the Advancement of Telehealth (OAT)			
	City:	Rockville	State:	Maryland	Zip code: 20857

Arkansas

University of Arkansas for Medical Sciences (UAMS)

Grant Number:	G22RH30361			
Organization Type:	Academic Medical Center/University			
Grantee Organization Information:	Name:	University of Arkansas for Medical Sciences (UAMS)		
	Address:	4301 W. Markham Street, No. 519		
	City:	Little Rock	State:	AR
	Zip code:	72205		
	Tel #:	855-664-3450		
	Website:	https://LearnTelehealth.org		
Primary Contact Information:	Name:	Wendy Ross		
	Title:	Co-Director		
	Tel #:	501-526-6211		
	Email:	wross2@uams.edu		
Region Served:				
Arkansas		Tennessee		
Mississippi				
Project Description:				
<p>The South Central Telehealth Resource Center (SCTRC) supports telehealth initiatives in Arkansas, Mississippi, and Tennessee. Via SCTRC, rural health care providers and organizations serving the Delta's medically underserved, rural populations have full access to tailored technical assistance (TA) to help further their clinical and educational reach in the region. Specifically, SCTRC offers education, resources, and telehealth TA via in-person and virtual methods that work toward dissolving barriers to health care access and toward enhancing telehealth efforts in this three-state region.</p>				
Objectives and Methodology				
<ol style="list-style-type: none"> In-Person, Real-Time Technical Assistance — SCTRC offers assistance through client on-site training, SCTRC's in-house Telehealth Training Center, satellite training centers, telehealth trial kits, and in-person and virtual conferences and webinars. Virtual Technical Assistance — SCTRC provides TA via mixed-media content available through their SCTRC website (LearnTelehealth.org), including billing guides and provider resources, modules, videos, webinar recordings, podcasts, blogs, and additional virtual tools. Collaborative Technical Assistance — SCTRC collaborates with multiple partnerships (National Consortium of Telehealth Resource Centers (NCTRC), the SCTRC Advisory Board, Society for Education and the Advancement of Research in Connected Health, Arkansas Rural Health Partnership, etc.) to provide TA for these three Delta states and beyond. 				
Summary of Project Goals:				
<ol style="list-style-type: none"> Expand the availability of telehealth services in rural underserved communities with known health disparities; Improve the quality, efficiency, and effectiveness of telehealth services; Promote the dissemination of best practices in telehealth; and Provide telehealth TA to health care providers and organizations. 				
Expected Outcomes:				
<ol style="list-style-type: none"> In-Person TA — Recipients will increase telehealth utilizations post TA, recipients will take additional steps in implementing or expanding telehealth services following TA, SCTRC expects to increase yearly volume of individuals served, and served individuals or organizations will report the TA as excellent and worthy of recommendation. 				

2. **Virtual TA** — SCTRC will increase yearly volume and available content.
3. **Collaboration to Provide TA** — SCTRC will work with partner organizations such as the NCTRC, local State Offices of Rural Health, and the SCTRC Advisory Board to maintain and enhance NCTRC and SCTRC recognition and services.
- SCTRC Advisory Board — regular meetings both in person and virtually, event planning, and TA collaboration.
 - Collaboration with NCTRC and fellow telehealth resource centers (TRCs) — monthly webinars, national conferences, website and in-person meetings, combined TA, toolkit development, online tools and resources such as the TelehealthLocator, and collaborative presentations and exhibits.
 - TA Collaboration — seek and provide input with other TRCs when TA is needed and record TA through TRC Alpha to adequately track outcomes.

Telehealth Promotion — promote telehealth activities and research regionally and nationally.

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input checked="" type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input type="checkbox"/>
Installation Assistance	<input type="checkbox"/>	Telehealth Inventory	<input type="checkbox"/>
Legal and Regulatory Issues	<input type="checkbox"/>	Telehealth Toolbox	<input checked="" type="checkbox"/>
Licensure	<input type="checkbox"/>	Other: Customized One-on-One Technical Assistance	<input checked="" type="checkbox"/>
On-line Technical Support Tool	<input checked="" type="checkbox"/>	Other: Remote Patient Monitoring	<input checked="" type="checkbox"/>
Privacy, Security and Confidentiality	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input type="checkbox"/>	Pediatrics	<input checked="" type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input checked="" type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input checked="" type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input checked="" type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input checked="" type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input checked="" type="checkbox"/>	Other: High Risk Pregnancy	<input checked="" type="checkbox"/>
OB/GYN	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

Customized Telemedicine Cart including camera, display, switching scaler, codec, laptop, mouse, keyboard for demonstration with multiple clinical specialties.	Telehealth Training Demonstration Kits including peripheral, wearables, smart tablets, and remote patient monitoring devices
Remote Patient Monitoring Devices (Blood Pressure, Pulse Ox, Weight, Glucose, Thermometer)	Direct-to-consumer platforms (i.e., HealthNow, Visuwell)
Room System Display using Cisco Webex	Other platform/software (WebEx, Zoom, Epic), LearnTelehealth.org, LearnOnDeamnd.org, PatientsLearn.org

Update on Continuing Activities from Previous Award:

In-Person Technical Assistance and Outreach

SCTRC continues to enhance and promote its new Telehealth Training Centers located around the region. Serving rural areas especially, these training centers were designed to give healthcare professionals, students, and the community an opportunity to experience hands-on learning with telemedicine carts, peripheral devices, remote patient monitoring devices, and wearables. Most recent outreach and training efforts included hands-on demonstrations with students interested in pursuing healthcare or technology in the workplace and college. Planned improvements for the coming year include new course design and improvements as well as further outreach with regional healthcare and allied health programs. Additionally, SCTRC will collaborate with other programs to offer live demonstrations to high school students and programs around the region.

Virtual Technical Assistance

The SCTRC will expand online technical assistance resources by 1) evaluating existing course modules and updating as needed to reflect current telehealth environment(s), 2) offering new resources relating to telehealth and high-risk pregnancy, and 3) partnering with our health literacy colleagues to evaluate patient facing materials especially for their effectiveness. The SCTRC will continue to partner with community health centers and other regional partners to offer virtual learning opportunities for topics such as billing and coding, policy, behavioral health, and quality improvement.

Provider and Patient Education

SCTRC provides key support for the upcoming SEARCH 2022 National Telehealth Research Symposium. This event includes over 75 speakers and moderators in a fast, three-day virtual event. Sessions included oral research panel presentations, poster hall presentations, and general topics such as “Implementation Science” and “Disparities and the Digital Divide.” Initial responses have been extremely favorable:

- “Bravo, bravo, bravo. This by far was my favorite virtual conference. Content was fabulous and the virtual nature of the conference was seamless.” – Tina Gustin, DNP, MSN, CNS
- “Sincerely appreciate all the hard work and effort from the SEARCH team to put together such a great virtual conference. It felt like I made personal connections even though it was all virtual, which I think says a lot about your team!” —Katherine Rominger, RDN

“The poster organization and engagement is one of the best I have seen at virtual conferences. I really liked the flash videos and ability to go talk with poster presenters, and the ability to see their content asynchronously. Overall, the attendee hub is very intuitive and easy to navigate. I really liked it!” —Annaleis Giovanetti, Ph.D.

Project Officer (PO) Contact Information:	Name:	Michelle Carnes, PhD			
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	Organization:	Office for the Advancement of Telehealth (OAT)			
	City:	Rockville	State:	Maryland	Zip code: 20857

Hawaii

University of Hawaii Systems

Grant Number:	U1UTH42529-01-00			
Organization Type:	University			
Grantee Organization Information:	Name:	University		
	Address:	2440 Campus Road		
	City:	Honolulu	State:	Hawaii
	Tel #:	808-956-4057		
	Website:	https://www.hawaii.edu		
Primary Contact Information:	Name:	Christina Higa, PhD		
	Title:	Co-Program Director		
	Tel #:	808-956-7224		
	Email:	christina@uhtasi.org		
Region Served:				
Hawaii		Republic of the Marshall Islands		
Territory of Guam		Republic of Palau		
Territory of American Samoa		Federated States of Micronesia		
Commonwealth of the Northern Mariana Islands				
Project Description:				
<p>The Pacific Basin Telehealth Resource Center (PBTRC) provides telehealth technical assistance to the state of Hawai'i and the U.S. Affiliated Pacific Islands (USAPI), including the U.S. Territory of Guam, the U.S. Territory of American Samoa, the Commonwealth of the Northern Mariana Islands, and the independent island nations of the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia. This region faces unique challenges, including major geographic isolation and separation by ocean, extremely high costs of travel and telecommunications, small island populations, differing political and cultural environments, and a critical shortage of both primary and specialty care. PBTRC offers the following services: (1) program development and operational support; (2) education, training, and awareness of telehealth; (3) equipment recommendations; (4) information on legal, regulatory, and policy issues; (5) program evaluation; (6) business models; and (7) strategic planning and sustainability. PBTRC meets with health care associations, provider groups, and community and family advocacy groups in Hawai'i and the USAPI. Representatives from these agencies are represented in PBTRC Telehealth Huis (working groups).</p>				
Summary of Project Goals:				
<p>The goals of PBTRC are to:</p> <ol style="list-style-type: none"> 1. Promote the use of telehealth for delivery of clinical and public health services and in health care education; 2. Promote the use of telehealth for unmet needs of underserved communities and populations; 3. Strengthen the effectiveness and collaborative capacity of the National Consortium of Telehealth Resource Centers (NCTRC), the consortium of Office for the Advancement of Telehealth-funded telehealth resource centers (TRCs) intended to enhance the overall effectiveness of the TRCs to better respond to technical assistance requests across the whole country and the complete spectrum of telehealth topic areas; and <p>Communicate and disseminate current telehealth research results and evidence-based recommendations through PBTRC and NCTRC resources and activities.</p>				
Expected Outcomes:				
<p>The expected outcomes from this project are (1) increased use of telehealth to deliver clinical and public health services and in health care education; (2) increased use of telehealth to respond to unmet health care needs of underserved communities and populations; (3) increased effectiveness of TRCs' responses to requests for technical assistance as a result of NCTRC collaboration; and (4) increased communication and dissemination of telehealth research results and evidence-based recommendations to clients in the region.</p>				

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Distance Education	<input type="checkbox"/>	Technology Assessment	<input type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input checked="" type="checkbox"/>
Installation Assistance	<input type="checkbox"/>	Telehealth Inventory	<input type="checkbox"/>
Legal and Regulatory Issues	<input checked="" type="checkbox"/>	Telehealth Toolbox	<input type="checkbox"/>
Licensure	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
On-line Technical Support Tool	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Privacy, Security and Confidentiality	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input checked="" type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input checked="" type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other: Genetics	<input checked="" type="checkbox"/>
OB/GYN	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

TRC Alpha

Update on Continuing Activities from Previous Award:

The primary reason that a no-cost extension was requested was due to the COVID-19 pandemic public health emergency (PHE) and related stay-at-home orders, social distancing, and travel restrictions prohibiting the completion of several planned activities. One of the activities that was delayed was the production of a telehealth video. It was decided to do shorter videos that highlight the use of telehealth in Hawaii and the Pacific with the goal of delivering a message to the audience. In-person conferences were largely canceled, and virtual conferences were held in their place. PBTRC attended and presented at several virtual conferences, including the Association for Community Affiliated Plans CEO Summit, Social Tech Summit (Kyushu University), Hawaii Health Workforce Summit, and Guam's Second Annual Conference on Substance Use Disorders Among Pacific Islanders. PBTRC sponsored an exhibit booth at the Hawaii Health Workforce Summit. The continuing surge of the delta variant of the coronavirus has prolonged the PHE and again delayed some of the planned activities. Specifically, in-person training and technical assistance sessions for health care providers from the outer islands of Hawaii and the USAPI have not been possible. PBTRC has held a number of virtual trainings (e.g., with the Pacific Island Primary Care Association). Restrictions as a result of the PHE (e.g., group size) are being lifted, and when possible, in-person training and TA are planned.

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	City:		Rockville	State:	Maryland	Zip code: 20857

Kansas

University of Kansas Medical Center Research Institute

Grant Number:	U1UTH42530			
Organization Type:	University			
Grantee Organization Information:	Name:	University of Kansas Medical Center, Department of Pediatrics		
	Address:	3901 Rainbow Blvd., MS 4004		
	City:	Kansas City	State:	Kansas
	Tel #:	913-588-5000		
	Website:	www.kumc.edu		
Primary Contact Information:	Name:	Eve-Lynn Nelson		
	Title:	Principal Investigator (PI)		
	Tel #:	913-707-1494		
	Email:	enelson2@kumc.edu		

Region Served:

Kansas	Oklahoma
Missouri	

Project Description:

Heartland Telehealth Resource's (HTRC's) proposed purpose is to continue to build upon successful strategies to expand telehealth support in clinical telemedicine, telehealth patient education, and telementoring (e.g., Project ECHO). The project goal is to help its customers reach goals to build and sustain telehealth across underserved areas, during and after the pandemic. HTRC will increase broad stakeholder participation across the tri-state patients and communities in order to reach this goal. HTRC is unique in exploring the intersection of these three important technology-supported approaches (clinical, educational, and mentoring) in order to maximize the use of telehealth technology to meet complex community health needs across prevention and intervention. Due to workforce shortages and budgetary realities, this range of approaches is essential, given the high demands in the region to make best use of resources in order to deliver quality care. In addition to providing coaching for project management and implementation, HTRC will continue to disseminate updates in telehealth best practices and educational resources. Guided by HTRC experiences over the last several years and market assessments in partner states, HTRC believe this evidence-informed implementation model and robust telehealth resources will expand its reach in starting and sustaining telehealth.

Summary of Project Goals:

Goals:

- Goal 1: Provide telehealth technical assistance and resources to new and existing telehealth programs (target market) for the development and implementation of effective and sustainable clinical, mentoring, educational, and consumer support services. This goal aligns with advancing telehealth supports in order to expand access to, coordinate, and improve the quality of health care services via telehealth.
- Goal 2: Utilize an evidence-informed, patient-centered telehealth readiness assessment to advance evidence-based implementation strategies and best practices to enhance telehealth adoption across clinical, telementoring, and educational services. This goal aligns with developing and sustaining telehealth operations that help diverse health care providers, patients, and families make decisions about telehealth options for care. The stakeholders will be crucial to this goal in terms of meeting needs to improve equitable access to care.
- Goal 3: Develop and expand telehealth educational offerings to medical, nursing, behavioral, and allied health students and professionals; organizations providing health care (e.g., hospitals, clinics, schools, and other settings); and diverse patients and families interested in telehealth. This goal aligns with improving and expanding the training of health care providers.

- Goal 4: Strengthen the effectiveness and collaborative capacity of the National Consortium of Telehealth Resource Centers.

Expected Outcomes:

Heartland Telehealth Resource Center (HTRC) strives to use telehealth innovations to enhance and expand evidence and practice-based health care services across the tri-state region to positively impact patients, clients, and communities. The goal is to develop strategies to support building and enhancing telehealth programs in rural and frontier communities. It will leverage previous support and relationships within the south-central region as well as three very successful telehealth programs that are evolving in Kansas, Missouri, and Oklahoma. (Goal 1) Guided by stakeholder input, the HTRC will build and disseminate telehealth resources to a broader and more diverse audience throughout the tri-state area and beyond. Technical assistance will be provided using effective program evaluation methods, regional and national supports (e.g., TTAC, the National Consortium) and established relationships with subject matter experts. (Goal 2) The eSTART assessment will continue to serve as an evaluation tool to build new telehealth programs and strengthen existing programs. Through updated mass communications and unique outreach and education, assessment activities will be tracked based on these events. The project results across diverse audiences will include both process and outcome data that will support future strategies for Telehealth Resource Center effectiveness. (Goal 3) As part of evolving outreach and education, the Telemedicine ECHO series, developed and implemented by the tri-state partners as part of telementoring practices, will enhance both short-term success and long-term sustainability of HTRC. In addition, the HTRC Education Series and Telehealth Unmuted podcast will be used to share best practices across the region. HTRC is unique in combining and evaluating clinical, educational, and telementoring/ECHO approaches. (Goal 4) As a member of the National Consortium of Telehealth Centers, the HTRC will continue to support outreach and education as part of committees and workgroups. Through these national partnerships, the HTRC will inform how to maximize technology's impact in increasing provider capacity to deliver the highest-quality evidence-based care to the most underserved communities in Kansas, Oklahoma and Missouri. Leveraging connections across communities, social service agencies, legislators, insurers, and other federally funded projects, the project will bring extensive resources to telehealth practice and services.

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input type="checkbox"/>
Installation Assistance	<input type="checkbox"/>	Telehealth Inventory	<input checked="" type="checkbox"/>
Legal and Regulatory Issues	<input checked="" type="checkbox"/>	Telehealth Toolbox	<input checked="" type="checkbox"/>
Licensure	<input checked="" type="checkbox"/>	Other: Telehealth Evaluation/QI	<input checked="" type="checkbox"/>
On-line Technical Support Tool	<input type="checkbox"/>	Other: Rural Primary Care	<input checked="" type="checkbox"/>
Privacy, Security and Confidentiality	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input checked="" type="checkbox"/>	Pediatrics	<input checked="" type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input type="checkbox"/>
Dermatology	<input checked="" type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Diabetes Care and Management	<input type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>
HIV/AIDS	<input checked="" type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>

Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input type="checkbox"/>	Other: Child Development and Autism	<input checked="" type="checkbox"/>
OB/GYN	<input type="checkbox"/>	Other: Healthy Lifestyle and Obesity	<input checked="" type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

Zoom

Update on Continuing Activities from Previous Award:

- 1) HTRC will continue to support the Telemedicine ECHO series for 2022 –2023. “Keeping Momentum in Telehealth” builds upon best practices and lessons learned during the public health emergency and will use this to present ECHOs that focusing on building sustainable telehealth programs.
- 2) The HTRC website was updated and (re) launched September 2022 and updates to resources and accessibility is ongoing.
- 3) The HTRC Education Series will continue and includes the newly developed “Pop-Up” to support policy alerts and “breaking news” that arises as the public health emergency comes to an end.
- 4) Evaluation activities, including the eSTART assessment tool, are ongoing for internal process functions (e.g., TA process flows) and community-based program outcomes.

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	City:	Rockville	State:	Maryland
			Zip code:	20857

Utah

University of Utah

Grant Number:	U1UTH42531				
Organization Type:	University				
Grantee Organization Information:	Name:	University of Utah			
	Address:	101 Wasatch Drive			
	City:	Salt Lake City	State:	UT	Zip code: 84112
	Tel #:	801-585-6560			
	Website:	www.utn.org			
Primary Contact Information:	Name:	Nicki Perisho			
	Title:	Program Director			
	Tel #:	801-585-2478			
	Email:	nicki@utn.org			
Region Served:					
Alaska		Idaho			
Montana		Oregon			
Utah		Washington			
Wyoming					
Project Description:					
<p>The Northwest Regional Telehealth Resource Center (NRTRC) leverages the collective expertise of its regionally representative advisory board members and stakeholders to assist health care providers and organizations to develop new or expand existing telehealth programs. NRTRC also provides resources and training to support patients in preparation to utilize telehealth services. The dissemination of timely, relevant telehealth information will occur through website content, the NRTRC monthly newsletter, the NRTRC's online Learning Management System (LMS) Canvas, and our annual regional telehealth conference.</p> <p>NRTRC has identified seven specific goals, with objectives and activities for each goal to increase our ability to provide immediate technical assistance, training, and support to health care providers, organizations, and patients in the Northwest region. Simultaneously, NRTRC serves as a regional hub that disseminates information and research related to telehealth, while promoting efficient collaboration among regional telehealth resource centers to advance effective use of telehealth technologies by stakeholders in its seven-state region and the communities served.</p>					
Summary of Project Goals:					
<ol style="list-style-type: none"> 1. Providing technical assistance, training, and support for health care providers and a range of health care entities that provide or will provide telehealth services. 2. Dissemination of information and research findings related to telehealth services. 3. Promoting effective collaboration among telehealth resource centers and the HRSA Office for the Advancement of Telehealth (OAT), as well as other HRSA award recipients. 4. Conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs. 5. Promoting the integration of the technologies used in clinical information systems with other telehealth technologies. 6. Fostering the use of telehealth technologies to provide health care information and education for consumers in a more effective manner. 					

7. Implementing special projects or studies under the direction of HRSA.

Expected Outcomes:

1. Providing technical assistance, training, and support for health care providers and a range of health care entities that provide or will provide telehealth services.
 - Respond in a timely manner to all requests for technical assistance.
 - Conduct stakeholder meetings on a state-by-state basis with the NRTRC staff to identify and address current issues, barriers, and challenges, as well as key telehealth resources.
 - Provide telehealth training courses through an online Learning Management System (LMS).
 - Support the education and training needs of patients.
2. Disseminating information and research findings related to telehealth services.
 - Host the NRTRC annual conference in person or virtually.
 - Maintain and develop online telehealth training courses.
 - Identify and host telehealth webinars or speaker presentations virtually or live.
 - Maintain and disseminate telehealth research findings, pertinent articles, and training information.
 - Partner with state telehealth collaboratives and networks.
3. Promoting effective collaboration among telehealth resource centers and the HRSA OAT, as well as other HRSA award recipients.
 - Collaborate with the National Consortium of Telehealth Resource Centers to efficiently and effectively provide technical assistance, share current knowledge and best practices, avoid duplication, and provide a unified approach to advancing telehealth.
 - Continue to participate in data collection and reporting as required by OAT and in collaboration with NCTRCs.
4. Conducting evaluations to determine the best utilization of telehealth technologies to meet health care needs.
 - Assist health care providers and organizations with evaluation of telehealth program effectiveness.
 - Conduct Year 1, 2, and 3 evaluations of NRTRC goals, objectives, services provided, and outcomes.
 - Develop an annual survey of partners' telehealth needs
5. Promoting the integration of the technologies used in clinical information systems with other telehealth technologies.
 - Identify best practices and disseminate with providers in the region.
6. Fostering the use of telehealth technologies to provide health care information and education for consumers in a more effective manner.
 - Continue existing and create new regional peer groups to advance telehealth.
 - Build and utilize cooperative alliances with academic health centers in Utah, Oregon, and Washington with telehealth programs in region to support education, research, and best practices.
 - Develop and maintain a database and mapping application of telehealth providers in the region.
7. Implementing special projects or studies under the direction of HRSA.
 - Work closely with HRSA OAT to meet the responsibilities of the cooperative agreement.

Areas of Expertise:

Credentialing and Accreditation	<input type="checkbox"/>	Sustainability	<input checked="" type="checkbox"/>
Distance Education	<input checked="" type="checkbox"/>	Technology Assessment	<input type="checkbox"/>
FDA Regulatory Issues	<input type="checkbox"/>	Telecommunications	<input checked="" type="checkbox"/>
Installation Assistance	<input type="checkbox"/>	Telehealth Inventory	<input type="checkbox"/>
Legal and Regulatory Issues	<input type="checkbox"/>	Telehealth Toolbox	<input checked="" type="checkbox"/>
Licensure	<input checked="" type="checkbox"/>	Other: Broadband	<input checked="" type="checkbox"/>
On-line Technical Support Tool	<input type="checkbox"/>	Other: Digital Inclusion	<input checked="" type="checkbox"/>
Privacy, Security and Confidentiality	<input type="checkbox"/>	Other: School-Based Telehealth	<input checked="" type="checkbox"/>
Program Planning and Development	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
Reimbursement	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Areas of Specialty:

Allergy	<input type="checkbox"/>	Nephrology (other than Renal Dialysis)	<input type="checkbox"/>
Asthma Control	<input type="checkbox"/>	Neurology (other than Stroke)	<input checked="" type="checkbox"/>

Audiology	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>
Behavioral health	<input type="checkbox"/>	Pediatrics	<input checked="" type="checkbox"/>
Cardiology	<input type="checkbox"/>	Perinatology	<input type="checkbox"/>
CHF and COPD Management	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Deaf Interpretive Service	<input type="checkbox"/>	Physical Medicine/Physiatry	<input checked="" type="checkbox"/>
Dermatology	<input type="checkbox"/>	Physical Therapy	<input checked="" type="checkbox"/>
Diabetes Care and Management	<input checked="" type="checkbox"/>	Pulmonology	<input type="checkbox"/>
Endocrinology (not Diabetes)	<input type="checkbox"/>	Speech/Language Therapy/Pathology	<input checked="" type="checkbox"/>
ENT	<input type="checkbox"/>	Stroke Care	<input checked="" type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	Substance Use Disorder (includes Opioids)	<input type="checkbox"/>
Infectious Disease (not HIV/AIDS)	<input type="checkbox"/>	Surgery	<input type="checkbox"/>
Intensivist/Remote ICU Monitoring	<input type="checkbox"/>	Trauma/Emergency Medicine	<input type="checkbox"/>
Internal Medicine	<input type="checkbox"/>	Wound Management	<input type="checkbox"/>
Neonatology	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>
OB/GYN	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Pain Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Telehealth/Health Information Technology System(s):

Zoom	QuickBase
Canvas	Canvas Catalog
BaseCamp	Wrike
Google Analytics	Whova
WebEx	Asana
Qualtrics	19 Labs/Gale Platform

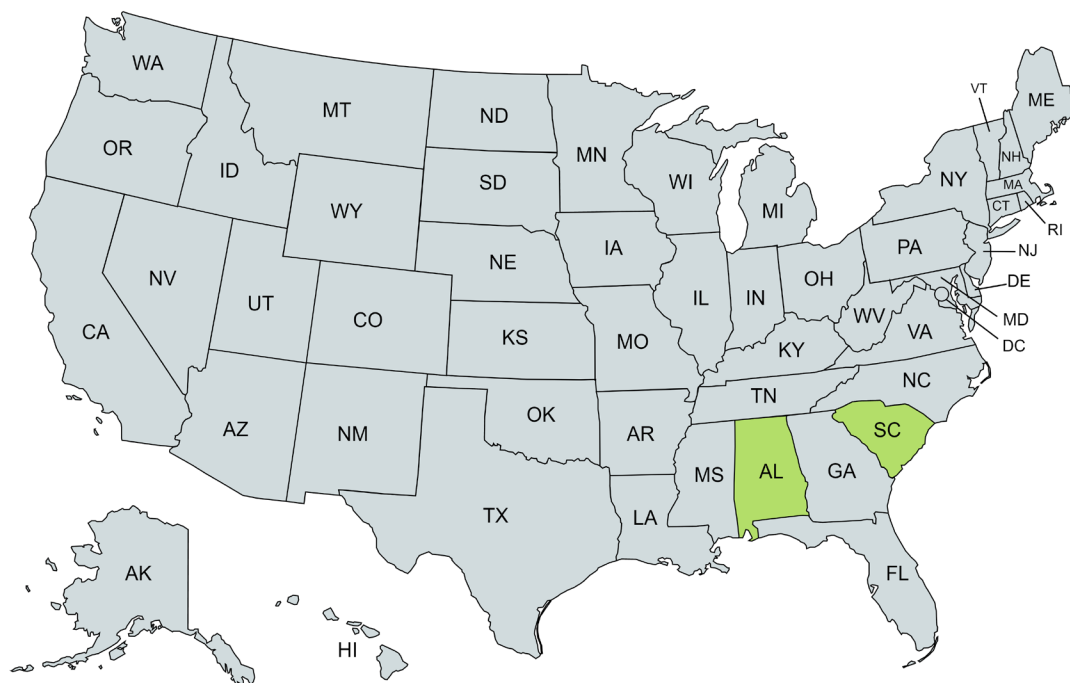
Update on Continuing Activities from Previous Award:

- Carry over funds from U1U year one to be applied to travel and NRTRC Conference costs.
- Building out additional online telehealth education courses on the LMS Canvas.

**Project Officer (PO)
Contact Information:**

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City:	Rockville	State:	Maryland
		Zip code:	20857

Telehealth Centers of Excellence (COE)



Created with mapchart.net

South Carolina

Medical University of South Carolina

Grant Number:	U66RH31458				
Organization Type:	Academic Medical Center				
Grantee Organization Information:	Name:	Medical University of South Carolina			
	Address:	169 Ashley Avenue MSC 332			
	City:	Charleston	State:	South Carolina	Zip code: 29425
	Tel #:	843-792-4703			
	Website:	http://telehealthcoe.org			
Primary Contact Information:	Name:	Dee W. Ford, MD, MSCR			
	Title:	Professor, Department of Pulmonary, Critical Care, Sleep, and Allergy Medicine			
	Tel #:	843-792-6285			
	Email:	fordd@musc.edu			

Project Description:

The Medical University of South Carolina (MUSC) Center for Telehealth is one of two federally recognized National Telehealth Centers of Excellence (COE) as awarded by the Health Resources and Services Administration (HRSA). MUSC was awarded this national designation in 2017 because of the Center for Telehealth's successful telehealth programs with a high annual volume of telehealth visits, substantial service to rural and medically underserved populations through telehealth, and its financially sustainable telehealth models. The role of the COE is to fill important gaps in the national telehealth landscape through a combination of ongoing regional and national collaborations, as well as proactive dissemination of telehealth resources. Since the MUSC Center for Telehealth COE designation in 2017, HRSA's investment translated into over 100 peer-reviewed publications based on COE projects, 237 national telehealth presentations, over 200 technical assistance consultations including over 20 reverse site visits, and nine technical assistance documents housed on the COE website. The MUSC COE is led by Program Director Dr. Dee Ford and Associate Program Director Dr. Katie King and supports 57 faculty and staff, who will be working on 22 subprojects over the next year in the following areas:

- Impact on federal and local health care spending
- HIV prevention and treatment
- Behavioral health and substance use disorders
- Rural hospital support
- Select direct-to-consumer programs

Expected Outcomes:

Research and evaluation conducted by COE investigators will lead to peer-reviewed articles, conference presentations, and other dissemination, as well as direct technical assistance with other health systems. The COE Core Team will maintain its ongoing collaborative efforts with the HRSA Office for Advancement of Telehealth (OAT), the Telehealth Resource Centers (TRCs), the University of Mississippi Medical Center (UMMC) COE, as well as other HRSA grantees. The Core Team will continue its monthly conference calls with HRSA OAT, remain responsive to OAT's requests for technical assistance and participation in HRSA-sponsored events (e.g., Rural Health Day), and adapt to meet other HRSA priorities and needs as they arise. The COEs will also be launching a new joint website this year. The website will house a resource library of publications, presentations, and TA documents, as well as project info, upcoming events, news, and many other resources around innovations, research, and dissemination.

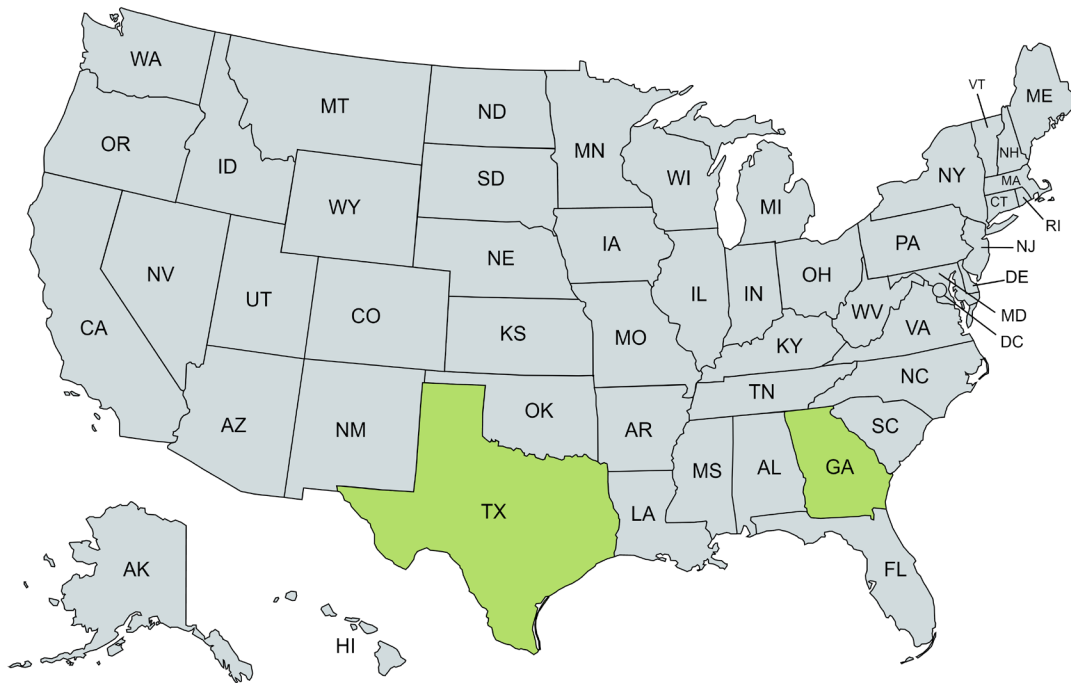
Project Officer (PO) Contact Information:	Name:	Colleen Morris, MS, RN			
	Tel #:	301-594-4296			
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	City:	Rockville	State:	Maryland	Zip code: 20857

Mississippi

University of Mississippi Medical Center

Grant Number:	U66RH31459				
Organization Type:	Academic Medical Center				
Grantee Organization Information:	Name:	University of Mississippi Medical Center			
	Address:	2500 N. State St.			
	City:	Jackson	State:	Mississippi	Zip code: 39216
	Tel #:	601-815-2020			
	Website:	http://telehealthcoe.org			
Primary Contact Information:	Name:	Saurabh Chandra, MD			
	Title:	Chief Telehealth Officer, Project Director for the Telehealth Center of Excellence			
	Tel #:	601-984-5266			
	Email:	schandra@umc.edu			
Project Description:					
<p>Starting with the University of Mississippi Medical Center's (UMMC's) first telehealth program, TelEmergency, in 2003, the Center for Telehealth (CFT) at UMMC has been focused on providing access to healthcare to the rural population of the state of Mississippi through telehealth. Since being designated as a Telehealth Center of Excellence (COE) in 2017, the UMMC CFT has established multiple innovative programs that provide telehealth services to Mississippi's medically underserved population that face a high prevalence of chronic diseases, high poverty rates, and lack of access to health care services.</p> <p>The COVID-19 pandemic has established telehealth as an essential part of the delivery of health care services. UMMC CFT's response to the pandemic and vast experience in implementing and scaling a wide diversity of telehealth programs has uniquely positioned us as a national leader in helping grow the field of telehealth in the post-pandemic era. For the funding period Sept. 30, 2021, through Sept. 29, 2026, the COE has identified four goals:</p> <ol style="list-style-type: none"> 1. Create evidence-based best practices for the implementation of innovative telehealth programs in rural and underserved areas of Mississippi as well as nationally that reduce health and digital disparities; 2. Collaborate with state, regional, and national agencies and professional organizations to further the field of telehealth; 3. Evaluate the impact of telehealth on health care spending; and 4. Develop innovative approaches for data acquisition and analysis for telehealth programs from disparate electronic medical records and health information exchange systems using standardized data definitions and protocols with the goal of establishing a multicenter telehealth data warehouse that will enable rigorous scientific inquiry in all aspects of telehealth. 					
Expected Outcomes:					
<p>UMMC has established a framework for the continuous assessment of the technical, operational, and clinical aspects of all proposed telehealth programs. The project implementation team will cycle through the planning, execution, and evaluation of each program. Key performance metrics of all clinical programs will be identified in the planning phase and target (1) patient and provider satisfaction and (2) clinical and financial effectiveness. The data analytics team will create quality dashboards for continuous tracking of the progress as well as reporting to HRSA.</p> <p>In addition, UMMC plans to conduct a rigorous economic analysis of telehealth programs both at the macro level (federal and state health care spending) as well as at the micro level (economic analysis of individual programs that take into account both clinical outcomes as well as the cost). These studies will provide reliable, comparative economic data for policymakers, program administrators, and other stakeholders and facilitate the implementation of policies that will foster long-term growth and sustainability of telehealth beyond the public health emergency.</p>					
Project Officer (PO) Contact Information:	Name:	Colleen Morris, MS, RN			
	Tel #:	301-594-4296			
	Email:	Cmorris2@hrsa.gov			
	Organization:	Office for the Advancement of Telehealth (OAT)			
	City:	Rockville	State:	Maryland	Zip code: 20857

Licensure Portability Grant Program (LPGP)



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Georgia

Association of State and Provincial Psychology Boards

Grant Number:	H1MRH24096				
Organization Type:	Nonprofit (without 501C3 IRS status)				
Grantee Organization Information:	Name:	Association of State and Provincial Psychology Boards			
	Address:	215 Market Street			
	City:	Tyrone	State:	Georgia	Zip code: 30290
	Tel #:	678-216-1175			
	Website:	www.asppb.net and https://asppbcentre.org/			
Primary Contact Information:	Name:	Janet P. Orwig			
	Title:	Associate Executive Officer, Member Services			
	Tel #:	678-216-1188			
	Email:	Jorwig@asppb.org			

Project Description:

The project entails the founding of a psychology licensure-focused research center, the Centre for Data and Analysis on Psychology Licensure (the Centre) which will create a system for data collection and analysis that will provide timely and relevant data to assist psychology licensing boards in making future licensure strategy decisions with a particular focus on licensure portability and telehealth.

Summary of Project Goals:

Project Goals:

1. Develop and maintain a comprehensive psychology licensure-focused research center that combines multiple points of data;
2. Develop publications and presentations focused on the data gathered by the Centre;
3. Provide Ad Hoc reporting as requested; and
4. Create and maintain a website focused on products of the Centre.

Expected Outcomes:

Outcomes Expected/Project Accomplishments:

1. Data Analysis of pertinent data related to psychology licensure – see <https://asppbcentre.org/>
2. Publications and Presentations regarding psychology licensure data; and
3. Discussion forums promoting licensure data and decisions.

Project Partners:

The Psychology Licensing Boards for the U.S.

U.S. States Participating in Compact:

Alabama	Nebraska
Arizona	Nevada
Arkansas	New Hampshire
Colorado	New Jersey
Connecticut	North Carolina
Delaware	Ohio
District of Columbia	Oklahoma
Georgia	Pennsylvania
Idaho	Rhode Island (Enacted; Effective Tentatively 1/1/2023)
Illinois	Tennessee

Indiana	Texas	
Kansas	Utah	
Kentucky	Virginia	
Maine	West Virginia	
Maryland	Washington	
Minnesota	Wisconsin	
Missouri		
Project Officer (PO) Contact Information:	Name:	Colleen Morris, MS, RN
	Tel #:	301-594-4296
	Email:	cmorris2@hrsa.gov
	Organization:	Office for the Advancement of Telehealth (OAT)
	City:	Rockville
State:		Maryland
Zip code:		20857

Texas

Federation of State Medical Boards of the United States, Inc.

Grant Number:	H1MRH24097				
Organization Type:	Association of state and territorial medical and osteopathic boards				
Grantee Organization Information:	Name:	Federation of State Medical Boards of the United States, Inc.			
	Address:	400 Fuller Wiser Road			
	City:	Eules	State:	Texas	Zip code: 76039
	Tel #:	817-868-4000			
	Website:	www.fsmb.org			
Primary Contact Information:	Name:	Lisa Robin			
	Title:	Chief Advocacy Officer			
	Tel #:	202-463-4006			
	Email:	lrobin@fsmb.org			

Project Description:

This project supports 1) the technology needs of the Interstate Medical Licensure Compact (IMLC); 2) efforts to expand the number of participating states; 3) education and outreach to stakeholders as to how the compact can improve access to care, particularly in rural and other underserved areas, using telemedicine across state lines; and research to improve efficiencies in conducting the required criminal background checks. Additionally, the project supports license portability for the more than 155,000 physician assistants (PAs) in the country through the development of an interstate license compact for physician assistants. The project was expanded for project year four to include support for the maintenance of the Provider Bridge technical platform (www.providerbridge.org) and expand the number of physicians and PAs registering with the platform through a social media campaign. Provider Bridge is an online platform designed to support the mobility of health professionals during a public health emergency.

Summary of Project Goals:

The goals of the project are to 1) work with the Council of State Governments, the American Academy of Physician Associates, and the National Commission for Certification of Physician Assistants to develop and disseminate a new interstate professional licensing compact for PAs wishing to engage in multistate practice using telemedicine and/or for in-person practice; 2) develop and implement a technical platform to enable secure communications among IMLC participating states and to collect workforce data; 3) educate and engage stakeholders from telehealth and health care systems/organizations about the benefits of the IMLC for clinicians using telemedicine in multiple jurisdictions; and 4) support IMLC existing and new member states in streamlining the process for conducting criminal background checks; and 5) support ongoing enhancement and maintenance of the Provider Bridge technical platform.

Expected Outcomes:

This project seeks to establish an interstate compact for physicians by the end of the grant period. IMLC technical improvements will improve efficiencies and allow the Federation of State Medical Boards of the U.S. to assess and report on utilization of the IMLC by telemedicine providers. Stakeholder engagement will raise awareness of the IMLC and support expansion throughout the country.

Project Partners:

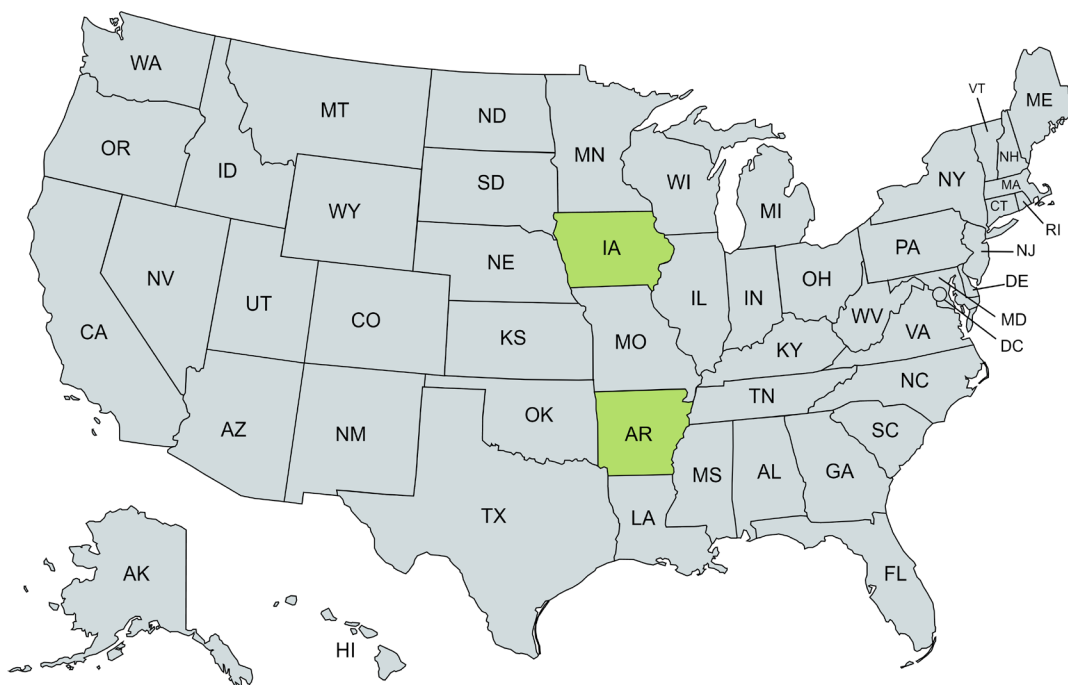
Council of State Governments National Center for Interstate Compacts	Interstate Medical Licensure Commission
American Academy of Physician Associates	National Commission for the Certification of Physician Assistants

U.S. States Participating in Compact:

Alabama	Mississippi
Arizona	Nebraska
Arkansas	Nevada

Colorado	New Hampshire
Connecticut	New Jersey
Delaware	North Dakota
District of Columbia	Ohio
Georgia	Oklahoma
Guam	Pennsylvania
Idaho	Rhode Island
Illinois	South Dakota
Indiana	Tennessee
Iowa	Texas
Kansas	Utah
Kentucky	Vermont
Louisiana	Washington
Maine	West Virginia
Maryland	Wisconsin
Michigan	Wyoming
Minnesota	
Project Officer (PO) Contact Information:	Name: Colleen Morris, MS, RN
	Tel #: 301-594-4296
	Email: cmorris2@hrsa.gov
	Organization: Office for the Advancement of Telehealth (OAT)
	City: Rockville State: Maryland Zip code: 20857

Telehealth Focused Rural Health Research Center Program (TF RHRC)



Arkansas

University of Arkansas for Medical Sciences

Grant Number:	U3GRH40001				
Organization Type:	Academic Medical Center/University				
Grantee Organization Information:	Name:	University of Arkansas for Medical Sciences (UAMS)			
	Address:	4301 W. Markham, #519			
	City:	Little Rock	State:	Arkansas	Zip code: 72205
	Tel #:	501-526-6671			
	Website:	https://idhi.uams.edu/rtec/			
Primary Contact Information:	Name:	KaSheena Winston, MS			
	Title:	Research Program Manager			
	Tel #:	501-526-6671			
	Email:	KDWinston@uams.edu			
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year		
	Sep 2020 to Aug 2021		\$949,995		
	Sep 2021 to Aug 2022		\$949,998		
	Sep 2022 to Aug 2023		\$949,998		
Telehealth/Health Information Technology System(s)	Epic (EMR)		UAMS data warehouse		
	Remote Monitoring Platform (Ejenta)		Telehealth training center access		
	Claims databases (medicaid, private)				

Project Description:

The Rural Telehealth Evaluation Center (RTEC) is funded by the Federal Office of Rural Health Policy (FORHP), the US Health Resources and Services Administration (HRSA) to conduct evaluation research on telehealth services, which aligns with Section 711 of the Social Security Act. Additionally, the RTEC aligns with Section 11 by establishing and maintaining a clearinghouse to collect and disseminate information on rural healthcare issues, research findings on rural healthcare issues, and innovative approaches to the delivery of healthcare in rural areas, specifically through the use of digital health.

RTEC is directed by the UAMS Institute for Digital Health & Innovation (IDHI). We evaluate telehealth practices to show how they affect patient outcomes and rural hospitals. RTEC's research portfolio encompasses the evaluation of digital health solutions and programs from efficacy and financial perspectives. These evaluation findings serve to help inform rural hospitals on utilizing telehealth in their practice while giving policymakers key points needed for focus and funding to advance telehealth in rural America.

Here are the topics of focus for our Year 3 projects:

- Assessing the Impact of Telehealth Delivery on Adherence to Medications for Opioid Use Disorder
- Financial Performance of Low-Resource hospitals adopting telemedicine during Covid 19 Pandemic
- Prenatal Opioid Use Disorder Treatment delivered through Telehealth and Punitive and Reporting State Policies
- Telehealth Technology-Enabled Learning Program: Evaluation and Dissemination

Additional information for each project can be found on our website.

Expected Outcomes:

N/A

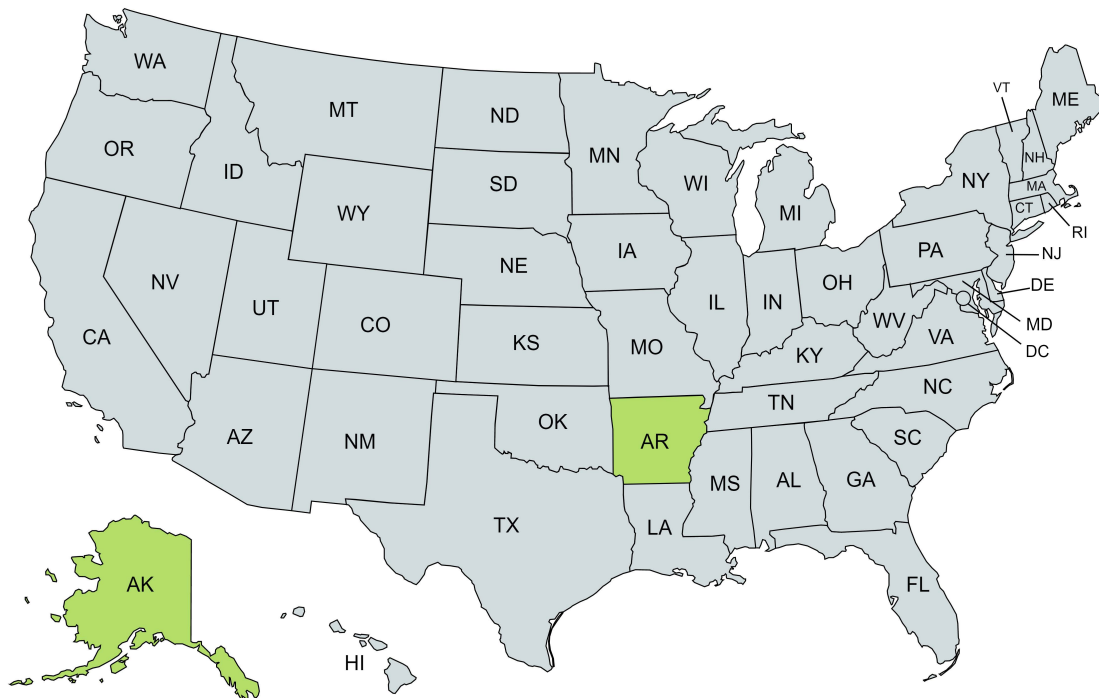
Project Officer (PO) Contact Information:	Name:	Whitney Wiggins			
	Tel #:	301-443-4966			
	Email:	Wwiggins@hrsa.gov			
	Organization:	Office for the Advancement of Telehealth			
	City:	Rockville	State:	Maryland	Zip code: 20857

Iowa

University of Iowa

Grant Number:	U3GRH40003												
Organization Type:	University												
Grantee Organization Information:	Name:	University of Iowa											
	Address:	2 Gilmore Hall											
	City:	Iowa City	State:	Iowa	Zip code: 52242								
	Tel #:	319-384-3830											
	Website:	www.ruraltelehealth.org											
Primary Contact Information:	Name:	Nicholas M. Mohr, MD, MS											
	Title:	Professor											
	Tel #:	319-353-6360											
	Email:	Nicholas-mohr@uiowa.edu											
Expected funding level for each budget period:	Month/Year to Month/Year		Amount Funded Per Year										
	Sep 2020 to Sep 2021		\$950,000										
	Sep 2021 to Sep 2022		\$950,000										
	Sep 2022 to Sep 2023		\$950,000										
Telehealth/Health Information Technology System(s)	N/A												
Project Description:													
<p>The Rural Telehealth Research Center (RTRC), based at the University of Iowa, is focused on building the evidence base for telehealth, especially in rural settings. More specifically, RTRC is charged with advancing publicly available, high quality, impartial, clinically informed, and policy-relevant research. Rigorous research is needed to identify telehealth models that are affordable and sustainable, enhance rural access, and maintain and improve quality. The goal of RTRC is to conduct and disseminate research on rural telehealth that contributes to building a high-performance system in rural America. RTRC is a collaboration of the University of Iowa, University of North Carolina-Chapel Hill, and the University of Southern Maine.</p> <p>Specifically, RTRC's research will address the impact of telehealth on healthcare access, population health, healthcare spending, healthcare quality, value-based care, and clinical care delivery and policy, while assessing comparative effectiveness, cost effectiveness, and impact of policy, including applications related to tele-ED, tele-behavioral health, and remote patient monitoring.</p>													
Expected Outcomes:													
<p>In a collaborative agreement with OAT, RTRC will conduct five projects annually. These projects will be conducted with a focus on expanding the knowledge and evidence of telehealth. RTRC's research will provide evidence about innovative approaches to deliver rural healthcare to inform rural health policymaking. RTRC is poised to contribute to the evidence base for rural telehealth, with a particular focus on existing gaps in the literature. RTRC's research projects are national in scope, include rural/urban and/or within rurality comparisons, quantitatively analyze national datasets, answer important policy-relevant telehealth questions, and are clinically informed. RTRC's research will result in multiple peer-reviewed publications, research and policy briefs, presentations, and reports as requested.</p>													
Project Officer (PO) Contact Information:	Name:	Whitney Wiggins											
	Tel #:	301-443-4966											
	Email:	wwiggins@hrsa.gov											
	Organization:	Office for the Advancement of Telehealth											
	City:	Rockville	State:	Maryland	Zip code: 20857								

Telehealth Broadband Pilot (TBP)



Alaska

Alaska Native Tribal Health Consortium (ANTHC)

Grant Number:	GA5RH40183			
Organization Type:	Health System			
Grantee Organization Information:	Name:	Alaska Native Tribal Health Consortium (ANTHC)		
	Address:	4000 Ambassador Drive; 3rd Floor HIT		
	City:	Anchorage	State:	Alaska
	Tel #:	406-690-0734		
	Website:	https://telehealthtechnology.org		
Primary Contact Information:	Name:	Garret Spargo, MA		
	Title:	Director of Enterprise Architecture		
	Tel #:	(907) 891-1414		
	Email:	gspargo@anthc.org		

Regions Served:

Alaska — Aleutians West Borough, Bristol Bay Borough, Dillingham Census Area, Nome Census Area, North Slope Borough, and Northwest Arctic Borough	Texas — Crosby, Fisher, Haskell, Jones, Lamb, and Mitchell counties
Michigan — Gladwin, Manistee, Missaukee, Montmorency, Osceola, and Oscoda counties	West Virginia — Calhoun, Clay, Jackson, Kanawha, Nicholas, Roane, and Ritchie counties

Project Description:

The Telehealth Broadband Pilot (TBP) Program is a result of a collaboration between the U.S. Department of Health and Human Services (HHS), the U.S. Department of Agriculture (USDA), and the Federal Communications Commission (FCC). It aims to assess the broadband capacity of health care providers and patients to fully participate in virtual health care services. The National Telehealth Technology Assessment Center (TTAC), a grant-funded program within the Department of Health Information Technology (HIT) at the Alaska Native Tribal Health Consortium (ANTHC), is leveraging its institutional knowledge and resources within ANTHC's HIT Department to ensure a successful program design, development, and implementation. This project will identify opportunities and provide assistance for the expansion of broadband and telehealth services through the development of technology and analytics capabilities that can be deployed to measure bandwidth in the preidentified rural counties in four participating states. Through this program, hardware (beacons) and software (apps) being developed will continually monitor the current broadband capacity in the networks where they are deployed.

Summary of Project Goals:

The project has a four-phase program implementation approach. The first phase is to develop technology and analytics capabilities that can be deployed to measure bandwidth in rural areas. This will be done through the design of hardware (beacons) and software (apps) solutions that continually monitor the current broadband capacity in the networks where they are deployed. These solutions will be capable of remote updates and will push data to a centralized analytics platform. The second phase will be to deploy the solutions, developed in the first phase, to the networks and community partners engaged throughout this project. This includes manufacturing of the solutions, shipping and installation, training, support, and upgrades as required for the product life cycle. The beacons and software will collect data in this phase and throughout the project and will provide broadband capacity information for program participants. The third phase will provide a deeper analysis of the data to understand differences in connectivity between participating areas and changes over time that occur within areas monitored. The fourth phase includes an evaluation component (partnering with an outside evaluation team) to ensure that the methodology of program implementation aligns with the evaluation plan.

Expected Outcomes:

This pilot program aims to produce reliable information regarding the broadband capacity in the areas and states associated with this project. Recommendations will be made for future projects that can identify, analyze, and address connectivity issues related to access and broadband capacity. Data gathered will provide quantification of current need and provide a foundation for connecting the need to resources. This program will help shape the future of broadband deployment throughout the nation through developing a process and data-tracking tool that will provide invaluable information for decision-makers regarding broadband expansion activities. Information provided through this program will inform decision-makers about broadband access and capacity and provide insight on potential allocation of funds related to broadband expansion.

Project Officer (PO) Contact Information:	Name:	LCDR Jenna Cope, MPH, RD, LD, CHES				
	Tel #:	301-443-5503				
	Email:	jcope@hrsa.gov				
	Organization:	Office for the Advancement of Telehealth (OAT)				
	City:	Rockville	State:	Maryland	Zip code:	20852

Arkansas

University of Arkansas for Medical Sciences (UAMS)

Grant Number:	GA6RH40184				
Organization Type:	University				
Grantee Organization Information:	Name:	Rural Telehealth Evaluation Center, University of Arkansas for Medical Sciences, Institute of Digital Health & Innovation			
	Address:	4301 West Markham			
	City:	Little Rock	State:	AR	Zip code: 72205
	Tel #:	(501) 526-4334			
	Website:	https://idhi.uams.edu/rtec/			
Primary Contact Information:	Name:	Hari Eswaran, Ph.D.			
	Title:	Director, Rural Telehealth Evaluation Center			
	Tel #:	(501) 526-4334			
	Email:	eswaranhari@uams.edu			
Regions Served:					
Alaska — Aleutians West Borough, Bristol Bay Borough, Dillingham Census Area, Nome Census Area, North Slope Borough, and Northwest Arctic Borough			Texas — Crosby, Fisher, Haskell, Jones, Lamb, and Mitchell counties		
Michigan — Gladwin, Manistee, Missaukee, Montmorency, Osceola, and Oscoda counties			West Virginia — Calhoun, Clay, Jackson, Kanawha, Nicholas, Roane, and Ritchie counties		
Project Description:					
<p>The purpose of this project is to evaluate broadband capacity in the identified rural counties. The Rural Telehealth Evaluation Center (RTEC) will work closely with the Telehealth Broadband Pilot (TBP) Program in examining broadband capacity among health care providers and community volunteers residing in rural settings. Findings from this evaluation will assist policy decision-makers in understanding current issues of broadband capacity, barriers to increasing broadband capacity, and the impact of broadband capacity on telehealth services and utilization for rural populations.</p>					
Summary of Project Goals:					
<p>This systematic evaluation has six objectives. RTEC will conduct the evaluation in the context of selected communities that are participating in the TBP as well as from a nationwide perspective:</p> <ol style="list-style-type: none"> 1. Evaluate broadband capacity and variability in TBP participating sites (community partners and patient homes) 2. Examine willingness to pay for broadband capacity for telehealth services among consumers 3. Explore perceived benefits and barriers of expanding broadband capacity for telehealth service among health care providers and customers 4. Conduct a needs assessment among TBP leaders and health care providers in regard to broadband capacity needed for telehealth services 5. Identify associations between broadband capacity and telehealth utilization nationwide 6. Perform a budget impact analysis on expanding broadband capacity in TBP sites 					
Expected Outcomes:					
<p>The project team expects that the data collected by the beacons deployed under TBP to assess broadband capacity at both the provider site and the community volunteer homes will provide a more accurate depiction of capacity in rural settings by providing time-stamped and geographically indexed data.</p>					
Project Officer (PO) Contact Information:	Name:	LCDR Jenna Cope, MPH, RD, LD, CHES			
	Tel #:	301-443-5503			
	Email:	jcope@hrsa.gov			
	Organization:	Office for the Advancement of Telehealth (OAT)			
	City:	Rockville	State:	Maryland	Zip code: 20852

APPENDIX

Grantees by State

State	Grant Organization	OAT Program
Alaska	Alaska Native Tribal Health Consortium (ANTHC)	Telehealth Broadband Pilot (TBP)
		Telehealth Resource Center Program (TRC)
Arizona	University of Arizona	Telehealth Resource Center Program (TRC)
Arkansas	ARcare	Telehealth Network Grant Program (TNGP)
	University of Arkansas for Medical Sciences	Telehealth Resource Center Program (TRC)
		Telehealth Focused Rural Health Research Center Program (TF RHRC)
California	California Telehealth Network	Telehealth Resource Center Program (TRC)
	Public Health Institute	Telehealth Resource Center Program (TRC)
Connecticut	Community Health Center, Inc.	Telehealth Technology-Enabled Learning Program (TTELP)
Georgia	Association of State and Provincial Psychology Boards	Licensure Portability Grant Program (LPGP)
	Emory University	Telehealth Network Grant Program (TNGP)
	Georgia Partnership for Telehealth, Inc.	Telehealth Resource Center Program (TRC)
	HealthIE Georgia Corporation	Evidence-Based Telehealth Network Program (EB TNP)
Hawaii	The Queen's Medical Center	Telehealth Network Grant Program (TNGP)
	University of Hawaii Systems	Telehealth Resource Center Program (TRC)
Idaho	Cornerstone Whole Healthcare Organization, Inc.	Evidence-Based Telehealth Network Program (EB TNP)
	Hospital Cooperative Inc., The	Telehealth Network Grant Program (TNGP)
	Weiser Memorial Hospital Foundation, Inc.	Telehealth Network Grant Program (TNGP)
Illinois	American Academy of Pediatrics	Telehealth Technology-Enabled Learning Program (TTELP)
Indiana	Indiana Rural Health Association	Telehealth Network Grant Program (TNGP)
		Telehealth Resource Center Program (TRC)
	Indiana University Health, Inc.	Telehealth Network Grant Program (TNGP)
	Trustees of Indiana University	Telehealth Network Grant Program (TNGP)
Iowa	Drake University	Evidence-Based Telehealth Network Program (EB TNP)
	University of Iowa	Telehealth Focused Rural Health Research Center Program (TF RHRC)

State	Grant Organization	OAT Program
Kansas	University of Kansas Medical Center Research Institute	Evidence-Based Telehealth Network Program (EB TNP)
		Telehealth Technology-Enabled Learning Program (TTELP)
		Telehealth Resource Center Program (TRC)
Kentucky	Baptist Health Foundation Corbin, Inc.	Evidence-Based Telehealth Network Program (EB TNP)
	Pikeville Medical Center Inc.	Telehealth Network Grant Program (TNGP)
Maine	MaineHealth	Evidence-Based Telehealth Network Program (EB TNP)
		Telehealth Network Grant Program (TNGP)
	Medical Care Development, Inc.	Telehealth Resource Center Program (TRC)
		Telehealth Technology-Enabled Learning Program (TTELP)
	Penobscot Community Health Center	Telehealth Network Grant Program (TNGP)
Maryland	University of Maryland	Telehealth Network Grant Program (TNGP)
Massachusetts	President and Fellows of Harvard College	Telehealth Technology-Enabled Learning Program (TTELP)
Minnesota	Regents of the University of Minnesota	Telehealth Resource Center Program (TRC)
Mississippi	University of Mississippi Medical Center	Evidence-Based Telehealth Network Program (EB TNP)
		Telehealth Network Grant Program (TNGP)
		Telehealth Centers of Excellence (COE)
Missouri	Lester E. Cox Medical University	Evidence-Based Telehealth Network Program (EB TNP)
	University of Missouri System	Telehealth Network Grant Program (TNGP)
Montana	Intermountain Health Care, Inc.	Telehealth Network Grant Program (TNGP)
	St. Peters Health Foundation	Telehealth Network Grant Program (TNGP)
Nebraska	CommonSpirit Health	Telehealth Network Grant Program (TNGP)
New Hampshire	JSI Research and Training Institute, Inc.	Telehealth Technology-Enabled Learning Program (TTELP)
New Mexico	Ben Archer Health Center, Inc.	Evidence-Based Telehealth Network Program (EB TNP)
	University of New Mexico	Telehealth Technology-Enabled Learning Program (TTELP)
		Telehealth Network Grant Program (TNGP)
New York	Catskill Regional Medical Center	Telehealth Network Grant Program (TNGP)
North Carolina	East Carolina University	Evidence-Based Telehealth Network Program (EB TNP)
		Telehealth Network Grant Program (TNGP)
	Wake Forest University Health Sciences	Telehealth Network Grant Program (TNGP)

State	Grant Organization	OAT Program
Oregon	Oregon Health & Science University	Telehealth Technology-Enabled Learning Program (TTELP)
Pennsylvania	Allegheny-Singer Research Institute	Telehealth Network Grant Program (TNGP)
	Geisinger Clinic	Telehealth Network Grant Program (TNGP)
Puerto Rico	Puerto Rico Science, Technology & Research Trust	Telehealth Technology-Enabled Learning Program (TTELP)
South Carolina	Medical University of South Carolina	Telehealth Centers of Excellence (COE)
South Dakota	Sanford Health	Telehealth Network Grant Program (TNGP)
Tennessee	Maury Regional Hospital	Telehealth Network Grant Program (TNGP)
Texas	Federation of State Medical Boards of the United States, Inc.	Licensure Portability Grant Program (LPGP)
	Texas A&M University	Evidence-Based Telehealth Network Program (EB TNP)
	Texas Tech University Health Sciences Center	Telehealth Resource Center Program (TRC)
Utah	University of Utah	Telehealth Resource Center Program (TRC)
Vermont	University of Vermont & State Agricultural College	Telehealth Network Grant Program (TNGP)
Virginia	Rector and Visitors of the University of Virginia	Telehealth Resource Center Program (TRC)
West Virginia	West Virginia University Research Corporation	Telehealth Network Grant Program (TNGP)
Wisconsin	Gundersen Lutheran Medical Foundation Inc.	Telehealth Network Grant Program (TNGP)
	Marshfield Clinic	Telehealth Network Grant Program (TNGP)
Wyoming	Teton County Hospital District	Telehealth Network Grant Program (TNGP)

Grantees by Organization Name

Grant Organization	Program	State
<u>Alaska Native Tribal Health Consortium, Inc.</u>	Telehealth Broadband Pilot (TBP) Program	Alaska
	Telehealth Resource Center Program (TRC)	
<u>Allegheny-Singer Research Institute</u>	Telehealth Network Grant Program (TNGP)	Pennsylvania
<u>American Academy of Pediatrics</u>	Telehealth Technology-Enabled Learning Program (TTELP)	Illinois
<u>Arcare</u>	Telehealth Network Grant Program (TNGP)	Arkansas
<u>Association of State and Provincial Psychology Boards</u>	Licensure Portability Grant Program (LPGP)	Georgia
<u>Baptist Health Foundation Corbin, Inc.</u>	Evidence-Based Telehealth Network Program (EB TNP)	Kentucky
<u>Ben Archer Health Center, Inc.</u>	Evidence-Based Telehealth Network Program (EB TNP)	New Mexico
<u>California Telehealth Network</u>	Telehealth Resource Center Program (TRC)	California
<u>Catskill Regional Medical Center</u>	Telehealth Network Grant Program (TNGP)	New York
<u>CommonSpirit Health</u>	Telehealth Network Grant Program (TNGP)	Nebraska
<u>Community Health Center, Inc.</u>	Telehealth Technology-Enabled Learning Program (TTELP)	Connecticut
<u>Cornerstone Whole Healthcare Organization, Inc.</u>	Evidence-Based Telehealth Network Program (EB TNP)	Idaho
<u>Drake University</u>	Evidence-Based Telehealth Network Program (EB TNP)	Iowa
<u>East Carolina University</u>	Evidence-Based Telehealth Network Program (EB TNP)	North Carolina
	Telehealth Network Grant Program (TNGP)	
<u>Emory University</u>	Telehealth Network Grant Program (TNGP)	Georgia
<u>Federation of State Medical Boards of the United States, Inc.</u>	Licensure Portability Grant Program (LPGP)	Texas
<u>Geisinger Clinic</u>	Telehealth Network Grant Program (TNGP)	Pennsylvania
<u>Georgia Partnership for Telehealth, Inc.</u>	Telehealth Resource Center Program (TRC)	Georgia
<u>Gundersen Lutheran Medical Foundation Inc.</u>	Telehealth Network Grant Program (TNGP)	Wisconsin
<u>HealthIE Georgia Corporation</u>	Evidence-Based Telehealth Network Program (EB TNP)	Georgia
<u>Hospital Cooperative Inc., The</u>	Telehealth Network Grant Program (TNGP)	Idaho
<u>Indiana Rural Health Association</u>	Telehealth Network Grant Program (TNGP)	Indiana
	Telehealth Resource Center Program (TRC)	
<u>Indiana University Health, Inc.</u>	Telehealth Network Grant Program (TNGP)	Indiana
<u>Intermountain Health Care, Inc.</u>	Telehealth Network Grant Program (TNGP)	Montana
<u>JSI Research and Training Institute, Inc.</u>	Telehealth Technology-Enabled Learning Program (TTELP)	New Hampshire
<u>Lester E. Cox Medical University</u>	Evidence-Based Telehealth Network Program (EB TNP)	Missouri

Grant Organization	Program	State
MaineHealth	Evidence-Based Telehealth Network Program (EB TNP)	Maine
	Telehealth Network Grant Program (TNGP)	
Marshfield Clinic	Telehealth Network Grant Program (TNGP)	Wisconsin
Maury Regional Hospital	Telehealth Network Grant Program (TNGP)	Tennessee
Medical Care Development, Inc.	Telehealth Resource Center Program (TRC)	Maine
	Telehealth Technology-Enabled Learning Program (TTELP)	
Medical University of South Carolina	Telehealth Centers of Excellence (COE)	South Carolina
Oregon Health & Science University	Telehealth Technology-Enabled Learning Program (TTELP)	Oregon
Penobscot Community Health Center	Telehealth Network Grant Program (TNGP)	Maine
Pikeville Medical Center Inc.	Telehealth Network Grant Program (TNGP)	Kentucky
President and Fellows of Harvard College	Telehealth Technology-Enabled Learning Program (TTELP)	Massachusetts
Public Health Institute	Telehealth Resource Center Program (TRC)	California
Puerto Rico Science, Technology & Research Trust	Telehealth Technology-Enabled Learning Program (TTELP)	Puerto Rico
Rector and Visitors of the University of Virginia	Telehealth Resource Center Program (TRC)	Virginia
Regents of the University of Minnesota	Telehealth Resource Center Program (TRC)	Minnesota
Sanford Health	Telehealth Network Grant Program (TNGP)	South Dakota
St. Peters Health Foundation	Telehealth Network Grant Program (TNGP)	Montana
Teton County Hospital District	Telehealth Network Grant Program (TNGP)	Wyoming
Texas A&M University	Evidence-Based Telehealth Network Program (EB TNP)	Texas
Texas Tech University Health Sciences Center	Telehealth Resource Center Program (TRC)	Texas
The Queen's Medical Center	Telehealth Network Grant Program (TNGP)	Hawaii
Trustees of Indiana University	Telehealth Network Grant Program (TNGP)	Indiana
University of Arizona	Telehealth Resource Center Program (TRC)	Arizona
University of Arkansas for Medical Sciences	Telehealth Broadband Pilot (TBP) Program	Arkansas
	Telehealth Focused Rural Health Research Center Program (TF RHRC)	
	Telehealth Resource Center Program (TRC)	
University of Hawaii Systems	Telehealth Resource Center Program (TRC)	Hawaii
University of Iowa	Telehealth Focused Rural Health Research Center Program (TF RHRC)	Iowa

Grant Organization	Program	State
<u>University of Kansas Medical Center Research Institute</u>	Evidence-Based Telehealth Network Program (EB TNP)	Kansas
	Telehealth Technology-Enabled Learning Program (TTELP)	
<u>University of Maryland</u>	Telehealth Network Grant Program (TNGP)	Maryland
<u>University of Mississippi Medical Center</u>	Evidence-Based Telehealth Network Program (EB TNP)	Mississippi
	Telehealth Network Grant Program (TNGP)	
	Telehealth Centers of Excellence (COE)	
<u>University of Missouri System</u>	Telehealth Network Grant Program (TNGP)	Missouri
<u>University of New Mexico</u>	Telehealth Technology-Enabled Learning Program (TTELP)	New Mexico
	Telehealth Network Grant Program (TNGP)	
<u>University of Utah</u>	Telehealth Resource Center Program (TRC)	Utah
<u>University of Vermont & State Agricultural College</u>	Telehealth Network Grant Program (TNGP)	Vermont
<u>Wake Forest University Health Sciences</u>	Telehealth Network Grant Program (TNGP)	North Carolina
<u>Weiser Memorial Hospital Foundation, Inc.</u>	Telehealth Network Grant Program (TNGP)	Idaho
<u>West Virginia University Research Corporation</u>	Telehealth Network Grant Program (TNGP)	West Virginia

Grantees by Program

OAT Program	Grant Organization	State
<u>Evidence-Based Telehealth Network Program (EB TNP)</u>	Baptist Health Foundation Corbin, Inc	Kentucky
	Ben Archer Health Center, Inc.	New Mexico
	Cornerstone Whole Healthcare Organization, Inc.	Idaho
	Drake University	Iowa
	East Carolina University	North Carolina
	HealthIE Georgia Corporation	Georgia
	Lester E. Cox Medical University	Missouri
	MaineHealth	Maine
	Texas A&M University	Texas
	University of Kansas Medical Center Research Institute	Kansas
	University of Mississippi Medical Center	Mississippi
<u>Telehealth Technology-Enabled Learning Program (TTELP)</u>	American Academy of Pediatrics	Illinois
	Community Health Center, Inc.	Connecticut
	JSI Research and Training Institute, Inc.	New Hampshire
	Medical Care Development, Inc.	Maine
	Oregon Health & Science University	Oregon
	President and Fellows of Harvard College	Massachusetts
	Puerto Rico Science, Technology & Research Trust	Puerto Rico
	University of Kansas Medical Center Research Institute	Kansas
	University of New Mexico	New Mexico
<u>Telehealth Network Grant Program (TNGP)</u>	Allegheny-Singer Research Institute	Pennsylvania
	ARcare	Arkansas
	Catskill Regional Medical Center	New York
	CommonSpirit Health	Nebraska
	East Carolina University	North Carolina
	Emory University	Georgia
	Geisinger Clinic	Pennsylvania

	Gundersen Lutheran Medical Foundation Inc.	Wisconsin
	Hospital Cooperative Inc., The	Idaho
	Indiana Rural Health Association	Indiana
	Indiana University Health, Inc.	Indiana
	Intermountain Health Care, Inc.	Montana
	MaineHealth	Maine
	Marshfield Clinic	Wisconsin
	Maury Regional Hospital	Tennessee
	Penobscot Community Health Center	Maine
	Pikeville Medical Center Inc.	Kentucky
	Sanford Health	South Dakota
	St. Peters Health Foundation	Montana
	Teton County Hospital District	Wyoming
	The Queen's Medical Center	Hawaii
	Trustees of Indiana University	Indiana
	University of Maryland	Maryland
	University of Mississippi Medical Center	Mississippi
	University of Missouri System	Missouri
	University of New Mexico	New Mexico
	University of Vermont & State Agricultural College	Vermont
	Wake Forest University Health Sciences	North Carolina
	Weiser Memorial Hospital Foundation, Inc.	Idaho
	West Virginia University Research Corporation	West Virginia
<u>Telehealth Resource Center Program (TRC)</u>	Alaska Native Tribal Health Consortium, Inc.	Alaska
	California Telehealth Network	California
	Georgia Partnership for Telehealth, Inc.	Georgia
	Indiana Rural Health Association	Indiana
	Medical Care Development, Inc.	Maine
	Public Health Institute	California
	Rector and Visitors of the University of Virginia	Virginia
	Regents of the University of Minnesota	Minnesota

	<u>Texas Tech University Health Sciences Center</u>	Texas
	<u>University of Arizona</u>	Arizona
	<u>University of Arkansas for Medical Sciences</u>	Arkansas
	<u>University of Hawaii Systems</u>	Hawaii
	<u>University of Kansas Medical Center Research Institute</u>	Kansas
	<u>University of Utah</u>	Utah
<u>Telehealth Centers of Excellence (COE)</u>	<u>Medical University of South Carolina</u>	South Carolina
	<u>University of Mississippi Medical Center</u>	Mississippi
<u>Licensure Portability Grant Program (LPGP)</u>	<u>Association of State and Provincial Psychology Boards</u>	Georgia
	<u>Federation of State Medical Boards of the United States, Inc.</u>	Texas
<u>Telehealth Focused Rural Health Research Center Program (TF RHRC)</u>	<u>University of Arkansas for Medical Sciences</u>	Arkansas
	<u>University of Iowa</u>	Iowa
<u>Telehealth Broadband Pilot (TBP) Program</u>	<u>Alaska Native Tribal Health Consortium, Inc.</u>	Alaska
	<u>University of Arkansas for Medical Sciences</u>	Arkansas

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