

Dates of Activity: January 2008 through March 2008
Seed Grant: San Joaquin Valley eHealth Network Project
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Description of Quarter's Activity/Impact on Partnership

1. **New Title:** UC Merced's Telemedicine Project is now titled: The Valley Telehealth Partnership (VTP). This change was made to reflect the changes with the FCC project, which basically eliminates small "network" ownership. We felt "partnership" better reflected the environment to come.
2. **UC Merced's Valley Telehealth Partnership's Vision, Mission & Purpose is:**

Our Vision: To enhance the quality of life for patients and health care professionals who live and work in rural or underserved communities throughout the San Joaquin Valley.

Our Mission: To develop telehealth programs that allow efficient, local access to health care specialists for the purposes of patient consultation, continuing medical education and physician support.

Our Purpose: To address the severe health care disparities in San Joaquin Valley's rural and underserved communities by developing solutions to improve access by bringing services home.
3. **Site Selection:** We have now selected five core sites via surveys. They are:
 - Mercy Hospital Family Care Clinic, Merced – Merced County –end user
 - United Health Center, Kerman – Fresno County – end user
 - San Joaquin General Hospital, French Camp – San Joaquin County – mixed use; both end and provider
 - Sierra Kings Hospital, Reedley – Fresno County – end user
 - Castle Health System, Atwater – Merced County – specialty provider site
 - These core sites were chosen based on criteria matching:
 1. Extreme need
 2. Multiple physician group
 3. Anticipated mixed-specialty utilization
 4. Willingness to share costs/responsibilities key to sustainability
 5. Open to use of technology
 6. Administrative and physician buy-in
 7. Organizational match for our project's core vision
 8. Ability to provide specialty services to Medi-Cal and Medicare populations

✓ San Joaquin General Hospital may serve as a mixed-use site, both using and providing specialist services; potential to provide behavioral health services is greatest (staff of 19 psychiatrists), and physicians are used to working with the underserved populations.

✓ Castle Health Systems also is interested in providing specialty services via telemedicine; their doctors can be reimbursed decently enough to make it affordable.

Our survey respondents ranked the top five needed specialties for their sites as:

- Psychiatry/Psychology (with a special need for meds/case management)
- Dermatology
- Orthopedics
- Endocrinology/Cardiology
- OBGYN/Rheumatology/Neurology
- Followed by:
 - Radiology
 - Gastroenterology,
 - Pulmonology
 - Critical Care
 - Allergy/Immunology
 - Pediatrics
 - Oncology
 - Hematology

4. **Site Preparation:** We are in the process of physically connecting the sites and ordering the appropriate equipment. This should be completed in May.
5. **Community/Stakeholder Outreach:** The need to connect openly with physicians and administrators for open discussion regarding the direction of telehealth in the Valley has become apparent, as there are many groups working separately who could benefit from working together. We are in the process of spearheading a “consortium” on telehealth, in order to provide roundtable discussions among Valley telehealth providers (and others considering telemedicine) regarding best practices, what works and what doesn’t, etc., while also allowing for networking time amongst attendees. We anticipate the first meeting to occur in May, 2008.
6. **Data Collection:** We have collected surveys for 76 sites in the Valley, to date. The closing date for receiving surveys was 04/15/2008.

Planned Activities for next 3-6 months

1. Hire telemedicine coordinator to assist in the upcoming activities below, as well as for ongoing site support
2. Fully connect/equip/ prepare telehealth suites at the five partnership locations
3. Begin on-site training to the site’s designated on-site support staff/physicians
4. Conduct training/distance continuing medical Education via the equipment
5. Begin to see patients via the video conferencing equipment (late June)
6. Create outreach materials and begin planning community outreach events/strategies
7. Design and begin to implement educational outreach programs at schools in each community
8. Conduct 1-2 telehealth consortium meetings with Valley members interested in telehealth (May, June)
9. Prepare an informational report from the data received through the surveys, reflecting the Valley’s interests and readiness in using telehealth applications

Challenges/Problems/Bottlenecks/Feedback

The project is moving ahead well; we anticipate a very successful outcome for our selected sites.