

Dates of Activity: April 2008 through June 2008  
**Seed Grant:** Valley Telehealth Partnership  
**Grantee Organization:** School of Natural Sciences, University of California, Merced  
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### **Description of Quarter's Activity/Impact on Partnership**

1. Added a sixth site to the Valley Telehealth Partnership (VTP) in Bakersfield (National Health Services, dba: Oildale Community Health). This group will access: dermatology, pediatric, cardiology, psychology and radiology services through the program. The addition of this southern facility accommodates the intense need for services in the area and rounds out the project's reach in the San Joaquin Valley.
2. Hired a VTP Telemedicine Project Coordinator to assist sites with training, program promotion and patient education.
3. Received multiple scenario cost estimates on connectivity at each of the six sites through AT&T and third party carriers to determine the best route for long-term program sustainability.
4. Selected equipment and received estimates for equipping all six sites, orders pending.
5. Assembled University of California, Merced, IT team to assist with a "connectivity cost assessment strategy" to determine the costs associated with connecting the six sites sustainably.
6. Developed patient and physician telemedicine satisfaction questionnaires, as well as quarterly program progress reports to be used in monitoring each site's program success as they begin offering services.
7. Contracted a designer to develop the VTP logo.
8. Began conceptual development of an information/tool-based VTP Web site with Web developer/designer.
9. Issued press release announcing the creation of the VTP and its first six partnering Valley sites.

### **Planned Activities for next 3-6 months**

1. UC Merced's telemedicine team to attend telemedicine training at the University of California, Davis, learning center to prepare for VTP program training at participant sites.
2. Prepare telemedicine-designated rooms at each location to accommodate program services.
3. Connect and install equipment on-site, followed by hands on training of staff at each location regarding the troubleshooting/use of the equipment.
4. Begin program training with staff re: clinical models for offering telemedicine, conducting high-quality patient/physician interactions, monitoring program success.
5. Begin marketing of individual programs both internally and externally in each community.
6. Begin conducting patient consultations via video conferencing equipment.
7. Conduct first Training/Distance Continuing Medical Education seminar using the equipment.
8. Develop a "referral network" of specialists who desire to provide services to Valley residents via telemedicine through further networking and outreach.
9. Complete first stage of development of the VTP Web site, which is expected to provide: telemedicine best practice information, a directory to direct those seeking services, a calendar of events, advice on promoting telemedicine in the community, a newsletter, tools section and a member's blog.
10. Begin educational programs in each community to raise awareness and educate the community about the multiple benefits of telemedicine.

### **Challenges/Problems/Bottlenecks/Feedback**

Our connectivity planning has been slowed after taking into account the California Telehealth Network (CTN) connectivity Request for Proposals (RFP) process and planning. These six sites will undoubtedly wish to participate in the larger CTN program over the next couple of years, and it is imperative that we account for this reality to ensure that these six sites will not be disadvantaged in any way by choosing to participate in the VTP.

To best accommodate long-term possibilities for connectivity, we have delayed ordering connectivity for the sites, as we have been waiting to get information about the connectivity plan for the CTNs RFP. Some basic parameters have recently been established on this project. It is necessary to move forward in a timely manner for the six-site implementation plan. We anticipate connectivity to be ordered in the next few weeks.

The delay in obtaining information about the CTN connectivity planning has slowed this project somewhat. We now estimate that VTP participants will begin offering clinical services via telemedicine in early fall 2008. While this has been a timing setback, it has allowed us to better understand the statewide efforts to accommodate the use of telemedicine and fully grasp our evolving role as strategic partners to the San Joaquin Valley as this shift occurs.

It is likely we will request a no-cost extension to the expenditure of funds allocated to this project. The delay in set-up is anticipated to preclude full utilization of funds allocated for clinical services, a key component of the feasibility of telemedicine services for these clinics. In the next few months, we will have more information about the rate at which services can be offered and personnel trained.

### **If you have coordinated any outreach, please describe briefly.**

We have begun networking with practitioners and both public and private groups involved with delivering telemedicine services to learn how to best form a specialist network that will support the needs of the San Joaquin Valley's rapidly developing telemedicine community. Some of these groups include: Kaiser, Kings View Behavioral Health, Loma Linda, all San Joaquin Valley County Behavioral Health programs, and Doctors Telehealth Network. We expect such outreach to continue as we strive to create new opportunities for improved access to specialty care in the valley.