



What is the Nebraska Statewide Telehealth Network?

A collaboration of over 110 organizations that includes hospitals, health departments, mental health facilities, rural health clinics and the State of Nebraska Department of Health & Human Services with the following mission:

- To increase the quality, availability and accessibility of healthcare throughout the state by maintaining and promoting a secure communication network that allows rural areas of the state to have access to other healthcare providers and information without the need for extensive travel.
- To bring together invaluable resources to improve the (healthcare) readiness of the state to deal with terrorist acts and threats, as well as naturally-occurring disasters.

Connectivity:

- Hub and spoke technical methodology:
 - 8 regional hospitals serving as hubs;
 - 26 backbone lines;
 - Connectivity accomplished through T-1, bundled T-1, microwave and fiber technologies.

Equipment:

- Hubs:
 - Bridges and routers, either owned by the hospitals or leased, to facilitate multi-point connections;
 - Multiple cameras; most moving toward high definition technology;
 - Some peripheral devices.
- Spoke sites:
 - Routers, either owned by the sites or leased;
 - One to three cameras per sites; most moving toward high definition technology.
 - Some peripheral devices.

Funding:

- FCC Rural Health Care funding administered through the Universal Service Administrative Company for connectivity: Over \$1.5 million/year
- Nebraska Public Service Commission funding for connectivity and equipment: Up to \$900,000.00/year
- Federal grant sources for equipment and administrative support, including: Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth Competitive Funding and Congressional Mandate = over \$1.3 million between 2008-2012; ARRA funding for peripheral devices
- Out of pocket expenses and in-kind donations from all sites

Services Provided Between September, 2009 –August, 2010:

Clinical Consultations

Setting	Type	Sept, 2009-Feb, 2010	March, 2010-Aug, 2010	Total
Emergency Department	Cardiovascular Surgery		1	1
	Trauma	9	1	10
Total Emergency Encounters		9	2	11
Inpatient	Adult Cardiology	2		2
	Infectious Dz	1	9	10
	Mental Health Services*	4	4	8
	Nephrology	1	1	2
	Oncology		1	1
	Orthopedic Surgery		1	1
	Other	2		2
Total Inpatient Encounters		10	16	26
Hospital Outpatient	Adult Cardiology	8	16	24
	Chronic Disease Counseling	36	29	65
	Diabetes Clinical Services	5	102	107
	Genetics and Genetic Counseling	86	91	177
	Infectious Dz		2	2
	Other Endocrinology Services	118	66	184
	Mental Health Services*	364	704	1,008
	Neurology/Neurodevelopmental	43	64	107
	Nephrology	69	170	239
	Oncology	41	41	82
	Orthopedics		13	13
	Orthopedic Surgery	4	6	10
	Other	49	68	117
Total Hospital Outpatient Encounters		823	1,372	2,195
Health Dept./Mental Health Agency	Genetics and Genetic	2	15	17
	Mental Health Services*	142	138	280
Total Health Department and Mental Health Agency Encounters		144	153	297
Total Clinical Encounters		986	1,543	2,529

Education, Training, Administrative Meetings and Community Support

	Sept, 2009- Feb, 2010	March, 2010- Aug, 2010	Total
Education for Health Professionals for Degree or Certification Requirements*	663	499	1,162
Other Education for Health Professionals (elective CME)*	65	285	350
Retrospective Case Reviews*	28	50	78
Grand Rounds*	110	100	210
Community Health Education and Support Groups*	54	74	128
Administrative Meetings*	357	548	905
Other	288	171	459
Total	1,565	1,727	3,292
Total Number of Sites Involved in Offering or Receiving Services	99	109	
Total Number of Participants Involved in Receiving Services	18,303	18,118	36,421
Total Miles Saved	685,025	1,069,440	1,754,465
Total Financial Savings to Organizations in Mileage Costs (miles x \$.505)	\$345,937.63	\$540,067.20	\$886,004.83
Total Estimated Financial Savings to Organizations in Staff Travel Costs (Estimated Travel Time x \$25.00/hour)	\$315,575.00	\$478,809.50	\$794,384.50

Additional Services:

- **Disaster Preparedness and Response**
- **Compassionate Calls**
 - Connecting mothers with babies located at distant NICUs
 - Connecting soldiers with spouses to witness the birth of their babies
- **Telepharmacy**
- **Biometric Monitoring**
- **Informal Supervision and Mentoring of Students and Professionals**

What are We Trying to Accomplish?

Develop a plan for on-going financial sustainability of the Network.

- Work with national representatives to educate FCC about issues of importance to rural states.
- Identify and implement appropriate filing methodologies to optimize FCC support of Network lines.
- Identify on-going funding sources for the Network, both grant and non-grant.

Develop and implement a technology plan for the Network to support current needs and future growth opportunities.

- Continue to consider models for connectivity that address bandwidth needs while optimizing funding availability and sustainability.
- Continue to help sites maintain consistency with HIPAA regulations for privacy, confidentiality and security and provide ongoing education to sites.
- Evaluate replacement and a redundancy plan for vital Network equipment.
- Ensure ability of the NSTN to act as a source of communication in an emergency or disaster situation that threatens the health and well-being of the public.

Confirm a formal structure for on-going sustainability, growth and leadership

Determine long-term growth opportunities for the Network.

- Consider site expansion opportunities that fit into the mission and vision of the Network, including, but not limited to: sites that fit into the CMS definition of eligible telehealth sites or providers, skilled nursing facilities, private physician offices, community mental health centers, rural health clinics, others as deemed appropriate and as can be supported via technology.
- Develop and enhance partnerships that benefit Network members and the population the Network serves.
- Continually expand educational offerings and clinical consultation services.
- Actively educate target audiences, including, but not limited to: practitioners, telehealth coordinators, hospital administration, public health, general public, other telehealth networks, law makers, etc... about the benefits of the NSTN.

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