

TELEHEALTH PROJECT SUMMARY TEMPLATE

Please provide information on all major projects in the last ten years (1998-2008) and any planned future projects

SUMMARY WRITER: Dr. Raymond A. Folen

PROJECT NAME: Low Bandwidth Behavioral Telehealth

ORGANIZATION/AGENCY (and primary contact): Tripler Army Medical Center

FUNDING (source and amount): US Army Medical Command

START UP FUNDS: N/A

REIMBURSEMENT (submitted/not submitted): N/A

DURATION (start time and date): Started 1998 through 2000

PURPOSE/INTENT (100 words maximum):

Proof of concept project to determine if low bandwidth telecommunications and remote control of medical equipment could be successfully implemented to provide patient care in remote areas with limited telecommunications infrastructures.

MAJOR CRITICAL ACCOMPLISHMENTS:

The project produced a number of notable firsts in technology development and application. Using off-the-shelf low-bandwidth videoconferencing equipment, the project was able to provide psychotherapy, counseling and psychological testing services over a standard phone line to remote locations in Guam, Korea and Japan. The project also produced the first multi-site low bandwidth synchronous bridging system, linking up multiple sites via single phone lines to establish connectivity. The project also produced the first remote-controlled biofeedback and psychological testing system and successfully deployed these systems to Guam, Korea and Japan. Project development and treatment outcomes were described in 15 peer-reviewed publications and 16 peer-reviewed presentations (list available upon request).

CRITICAL SUCCESS FACTORS:

A project champion at each remote site was essential. Proof of concept was clearly demonstrated within the project timeframe.

CRITICAL BARRIERS (overcome or not):

Project funding did not include future sustainment. Project champions rotated to other assignments.

MAJOR LESSON LEARNED:

In order to maintain maximum participation in telehealth, remote sites need to see a benefit (make their job easier or give them something they really want and need). Remote sites must have full time support to respond to contingencies or emergencies that may arrive during a treatment session. Credentialing must be active at both locations if providers are seeing patients independently vs consulting with another provider.

CURRENT STATUS (active, planned, dormant, completed, other?):

Not currently active

PARTNERING ORGANIZATIONS:

Military facilities in Guam, Korea and Japan

IS THERE A CLINICAL CHAMPION OR A COMMITTEE OVERSEEING THE TELEMEDICINE PROGRAM?

Multiple Clinical Champions at different locations

TECHNOLOGY USED: low bandwidth synchronous bridging telecommunications system