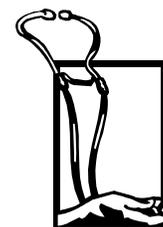




PACIFIC BASIN TELEHEALTH INITIATIVE

HEALTH RESOURCES AND SERVICES ADMINISTRATION



Background

In 1999, the Health Resources and Services Administration (HRSA) began a multi-year Pacific Basin health initiative, which included telehealth. This initiative came out of recommendations from two events the previous year: a HRSA-sponsored summit meeting in Rockville, MD with the health ministers from the six US-affiliated Pacific Basin jurisdictions and the publication of the Institute of Medicine report *Pacific Partnerships for Health: Charting a New Course*. Both the report and participants at the summit identified telehealth (i.e., telemedicine and distance education) as a key strategy for improving primary care delivery, enhancing prevention activities and supporting the training of health personnel.

Overview of Initiative

In response to the IOM and Summit recommendations, the HRSA Administrator authorized money for development and implementation of a telehealth initiative in the Pacific region. The Office of Planning, Evaluation and Legislation (OPEL) and the Office for the Advancement of Telehealth (OAT) at HRSA were charged with working with partners in the region to develop telehealth activities. The first year of activities began in October 1999.

Over \$200,000 was allocated in the first year to support the development of a Pacific Basin telehealth consortium, begin deployment of telehealth technologies, and provide technical assistance. In the second year, \$100,000 was allocated to expand the first-year activities and include new activities to develop the “human infrastructure” for telehealth. Third-year activities will focus on implementing the telehealth plans and further developing the earlier projects. By the end of the initiative, each jurisdiction will have received a small planning grant, intense training and technical assistance, and, ideally, additional telehealth resources such as equipment or staffing support.

First-Year Activities

First-year activities occurred from October 1999 to October 2000, and included the following key components:

- **Pacific Basin Telehealth Consortium:** A regional telehealth consortium was funded to facilitate jurisdictional and regional telehealth planning and technology deployment, and enhance access to distance education opportunities. The consortium includes experts in telemedicine and health professions distance education from each jurisdiction. Specifically, the consortium is responsible for:
 1. Conducting an inventory of existing telecommunications and telehealth resources in the region;
 2. Developing a road-map for joint telehealth initiatives (i.e., distance learning, clinical telemedicine and public health); and
 3. Developing and/or supporting existing web-based tools such as distance education Web pages and listservs for information sharing.

The University of Guam is staffing the consortium and will coordinate activities with efforts such as WPHNet, PACNET, the Akamai Pacific Island Health Care Project, PEACESAT, PREL's STAR program, and the distance education workgroup established at the 1998 Noumea telehealth conference. The consortium has held several meetings in-person and via conference call, and is working with the Secretariat of the Pacific Community to set up a Web site at <http://www.spc.int/phs/>.

- **Telehealth Technology Pilot Deployments:** Given the variations in the telecommunication and health care systems among the jurisdictions, different types of telehealth technologies are being piloted. In the first year, interactive videoconferencing was piloted in American Samoa and a store-and-forward computer-based application was deployed in Palau. These sites were chosen for the initial pilots because they have the necessary telecommunications infrastructure and human resources needed to undertake the pilot, given the limited dollars available. These technologies will be used not only to access specialty care from facilities in the United States, but also placed at the dispensary level to evaluate their utility in primary care delivery, health and human service continuing education and community health education. The dispensary systems are being linked to both the health department and hospital.
- **MCH Distance Education Initiative:** HRSA's Maternal and Child Health Bureau funded a 12-month, Web-based distance education project to provide technical assistance and ongoing support to the Pacific Island MCH programs. This support focused on the needs assessment and annual plan components of the Title V Block Grant application that was due June 2000.

Second-Year Activities

Second-year activities (covering the period October 2000 to October 2001) include the following key components:

- **Telehealth Training Workshop:** In order to develop the expertise and human infrastructure necessary to support telehealth, HRSA sponsored a five day training workshop in December 2000 at the University of Hawaii. Two representatives from each jurisdiction were funded to attend the workshop, which included an introduction to telemedicine, overview of telecommunications in the Pacific, site visits to various telehealth partners in Hawaii, and assistance with planning. The participants in the workshop represent their jurisdiction on the Pacific Basin Telehealth Consortium and will lead the development of a telehealth plan from their jurisdiction.
- **Technical Assistance and Planning Grant:** As a follow-up to the training workshop, HRSA, University of California – Davis, and PEACESAT (the workshop organizers) will provide technical assistance about how to develop telecommunications and clinical applications. In addition, each jurisdiction will receive a small planning grant. Some of the jurisdictions may also receive limited support for telehealth site coordinators.
- **Third Pilot Deployment:** In addition to pilots in American Samoa and Palau, HRSA funded a third deployment of equipment in the Commonwealth of the Northern Mariana Islands. This site was chosen because of its expanding telecommunications capacity, exploratory use of teleradiology, and strong support for telemedicine in the legislative and executive branch. CNMI is working with PEACESAT at the University of Hawaii to purchase, install, test, and

train staff on telehealth equipment. This equipment will be available for use by the Immigration Health Service (part of HRSA and the U.S. Department of Justice), which has sent health professionals to CNMI several times in recent years to provide health care at detention centers.

- **Use of PREL Service Centers:** The PREL Program (Pacific Resources for Education and Learning) has service centers in each of the jurisdictions to provide staff and facilities to support distance learning and videoconferencing activities. Through a contract with HRSA, PREL service centers in Majuro, RMI and Kosrae State will allocate facilities and staff time for coordination of distance education and health activities. PREL staff will assist with information dissemination, room space, and training for health activities, and will either operate or provide access to their telecommunications equipment. The jurisdictions will be able to utilize the resources of PREL for telehealth planning and activities, and coordination between the health and education departments will be improved.

Ongoing Activities

In addition, the following activities have been ongoing throughout the initiative:

- **OAT Technical Assistance Activities:** To raise understanding of telehealth opportunities, when individuals from the jurisdictions are traveling in the United States, the Office for the Advancement of Telehealth (OAT) is available to help coordinate site visits to telemedicine projects. Three site visits have already taken place for groups from the Pacific. In particular, one OAT grantee—the University of California at Davis—has received a small amount of funding to provide tailored training for individuals from the Pacific who will be in the California area. OAT also provided funds for a representative from each of the three pilot deployment sites to attend the annual OAT grantee meeting in Maryland.
- **Coordination:** HRSA is coordinating its telehealth activities with other Federal and non-Federal organizations involved in distance education and/or telemedicine in the Pacific Basin. These include the Departments of Defense, Agriculture, Veterans Affairs, and Education; the Federal Communications Commission; the Centers for Disease Control; the National Library of Medicine; and the Substance Abuse and Mental Health Services Administration. Two private organizations—Shriners Hospital of Honolulu and the Rehabilitation Engineering Research Center based at Catholic University—are also developing telehealth in the Pacific. OAT has been able to facilitate partnerships and several consultations between these organizations and sites in the Pacific. Through coordination, HRSA is working with the jurisdictions to maximize the resources available for distance education and telemedicine from both federal and private partners.

For additional information on telehealth or to set up a site visit to a telemedicine project when traveling in the United States, contact the Office for the Advancement of Telehealth, HRSA, at 301-443-0447, 301-443-1330 (fax) or e-mail Cathy Wasem (cwasem@hrsa.gov) or Karen Sleezer (ksleezer@hrsa.gov) .

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