

Today's Webinar:

If I Knew Then...What I Know Now!

Lessons Learned from Building a Telehealth Network from the Ground Up



Quarterly Thought Conference

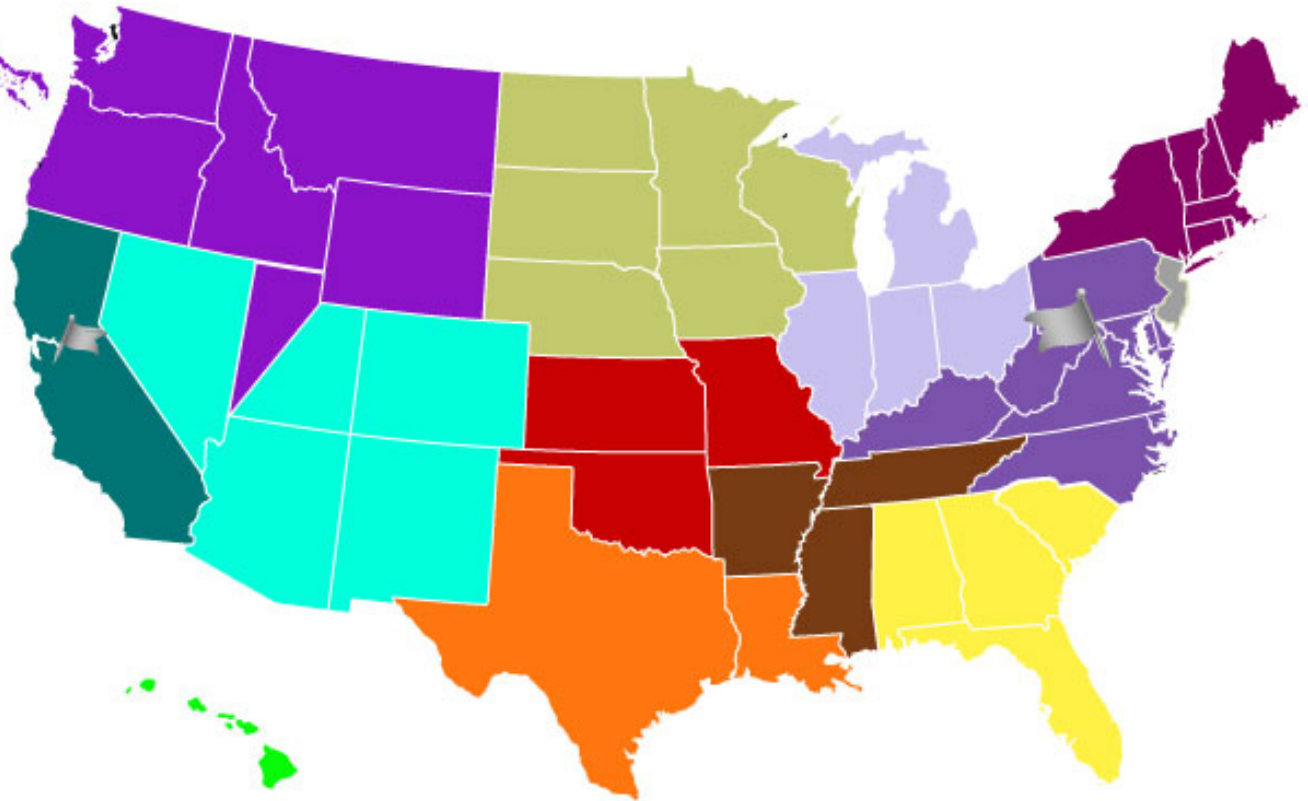
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Your Presenter



Brian Coltharp, MA

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Hired as a Case Manager in 2001, Former Special Agent, Member of MENSA, Rotary International, Safe Passage, BS Theology, MA in Psychology.
(No formal IT Training, whatsoever)

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**If I knew then..
What I know now**

**Lessons Learned from Building a TeleHealth Network,
from the Ground-Up.**



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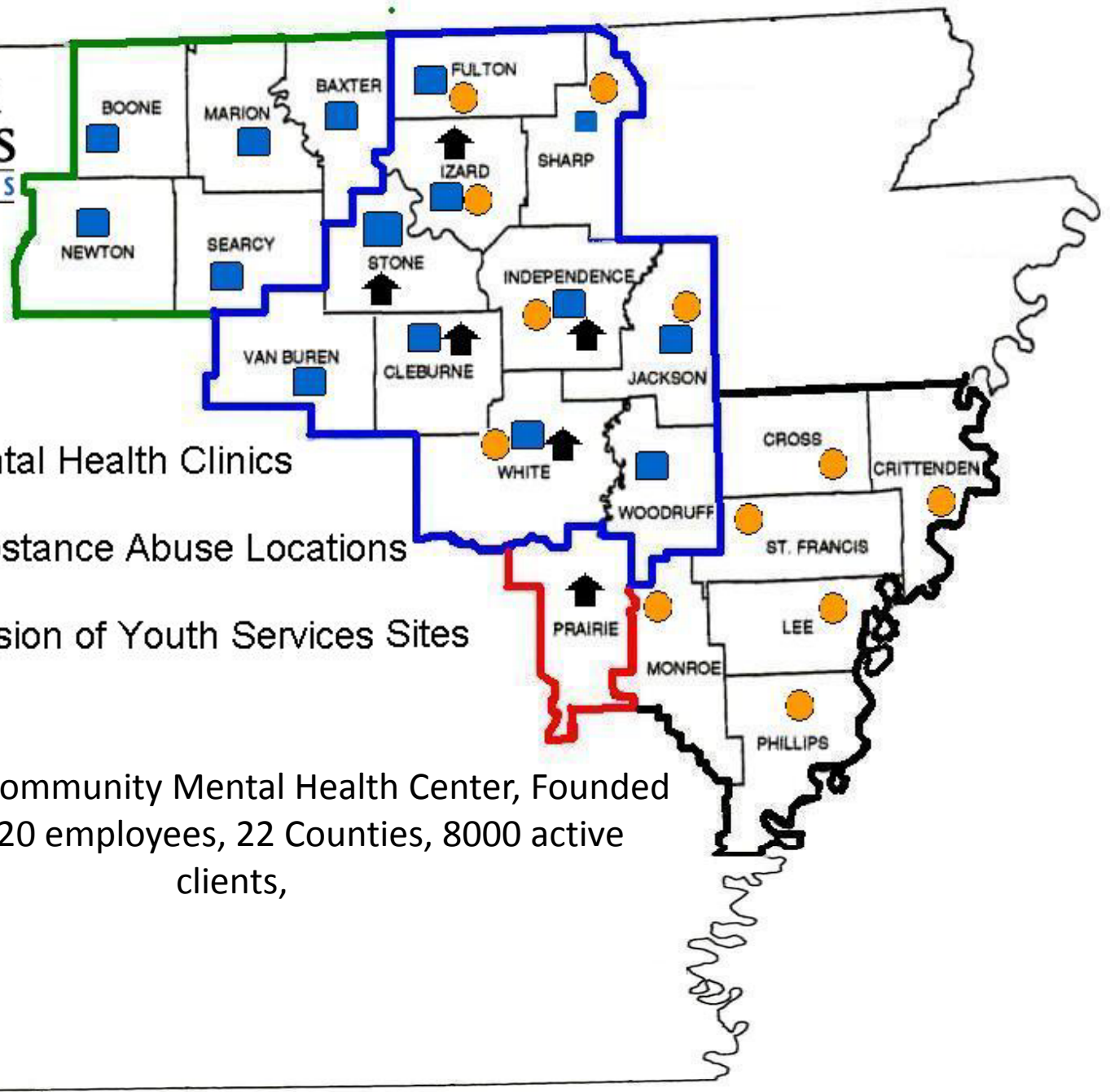
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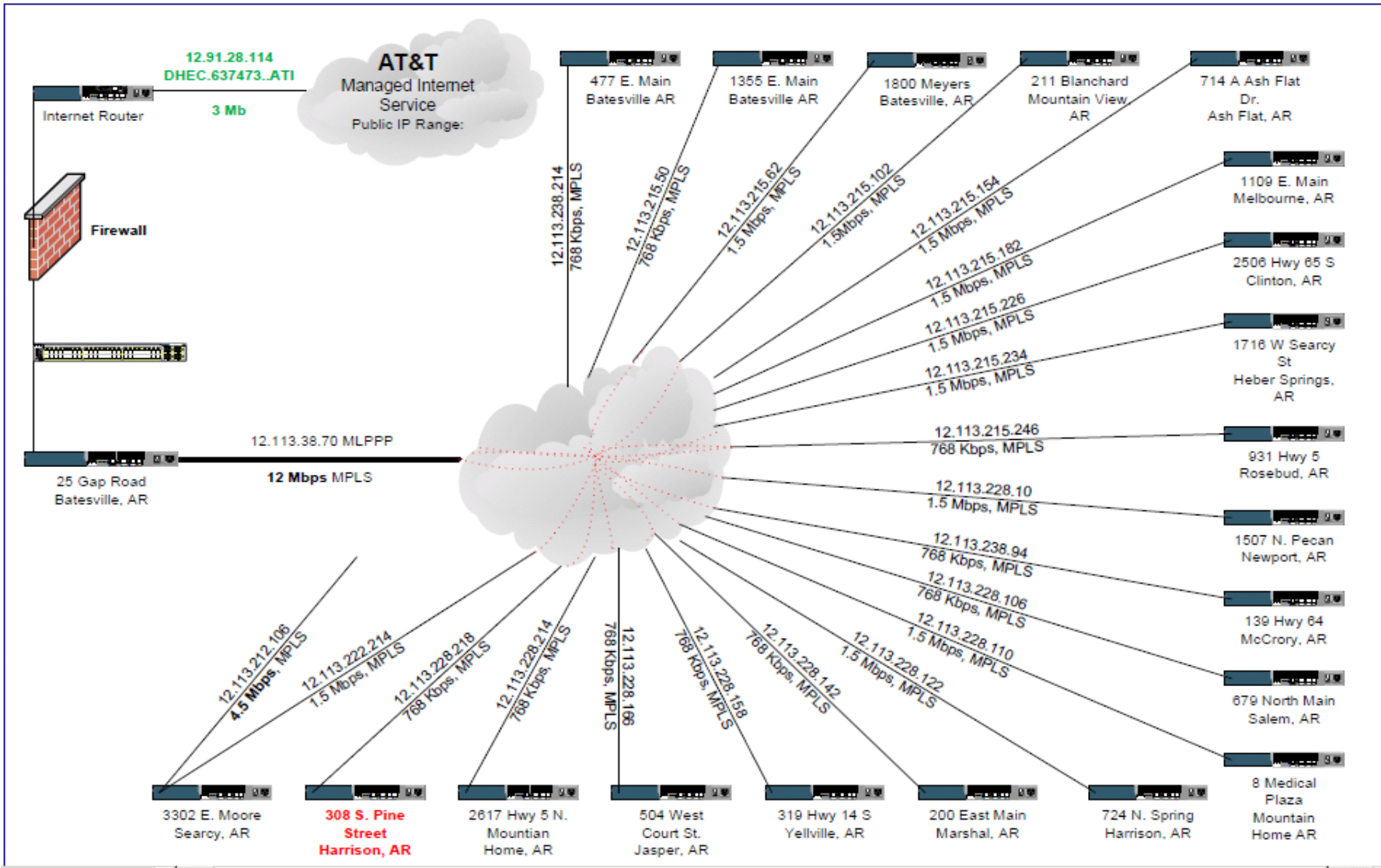
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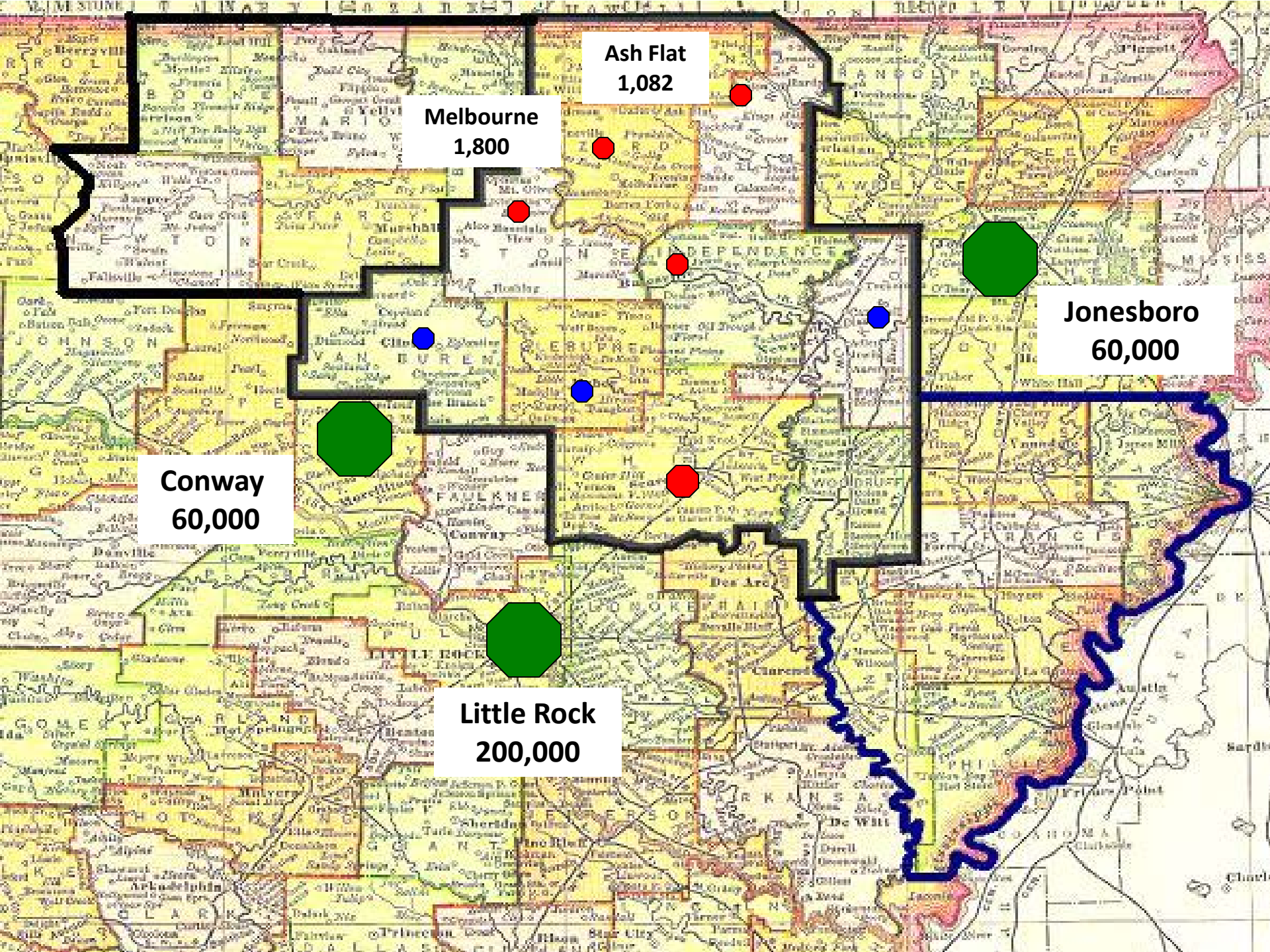
- 15 - Mental Health Clinics
- 12 - Substance Abuse Locations
- ▲ 6 - Division of Youth Services Sites

Non-Profit, Community Mental Health Center, Founded in 1969, 320 employees, 22 Counties, 8000 active clients,





22 – point, Hub & Spokes, MPLS Network: 19 (1.5 T-1 circuits), 1 (4.5 T-1 circuits), 1 (25Mb Fiber Optic), 1 (Business class DSL), 12 Polycom (HDX/VSX 7000), 14 Tandberg (1700 MXP / C-20), 1 Video Border Proxy, 1 Scheduling Bridge (RMX 1000), 5 Terminal Servers (w/Published RDP), and 2 PRI's (Public Relay Interfaces).



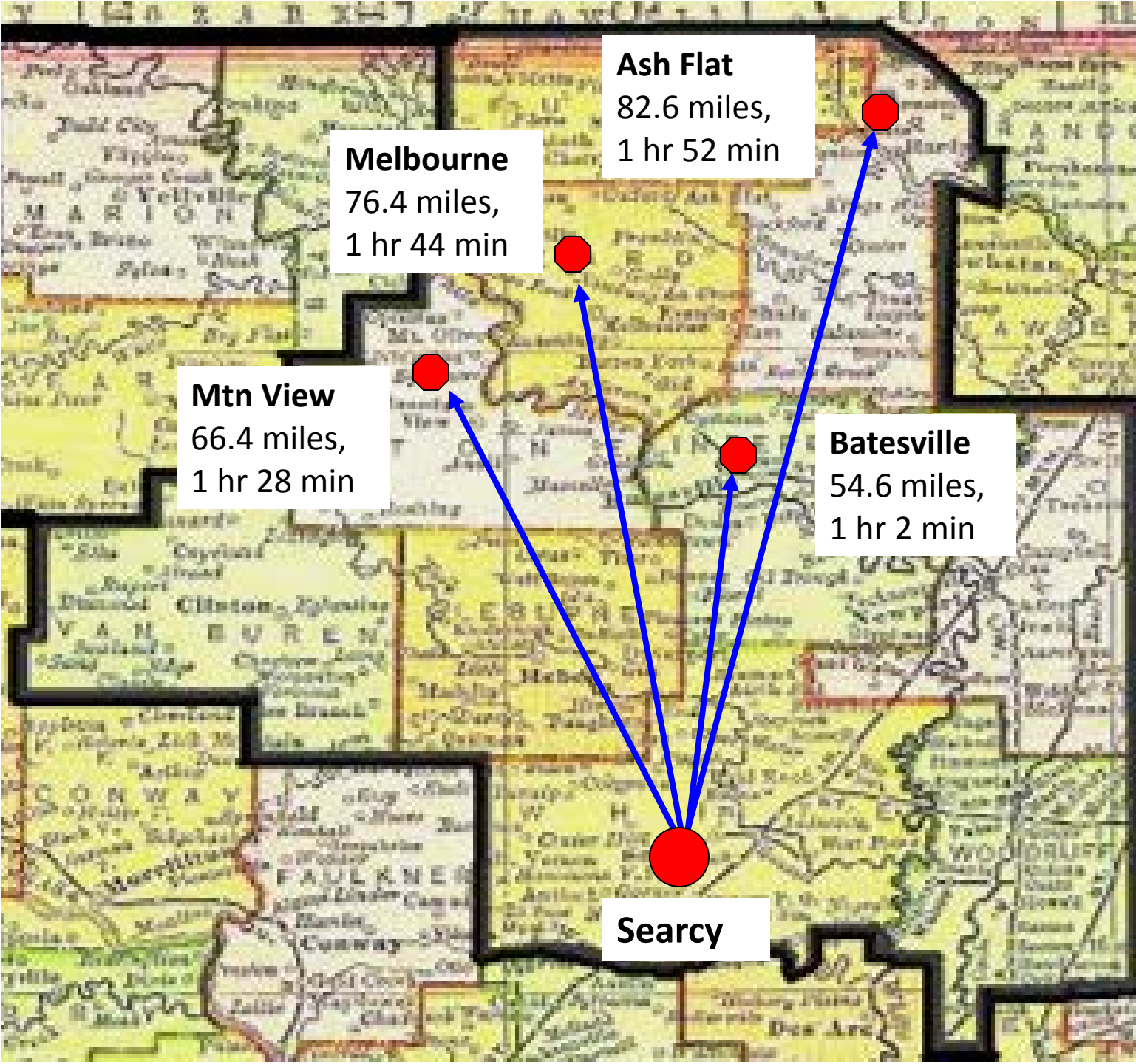
Ash Flat
1,082

Melbourne
1,800

Jonesboro
60,000

Conway
60,000

Little Rock
200,000



Ash Flat
82.6 miles,
1 hr 52 min

Melbourne
76.4 miles,
1 hr 44 min

Mtn View
66.4 miles,
1 hr 28 min

Batesville
54.6 miles,
1 hr 2 min

Searcy

Cost Analysis

Monthly Telemed Costs

Unit Leases	\$600
T-1 Lines (5@\$550/mo)	\$2750
Total	\$3350

Monthly Travel Costs

Melbourne	4 trips/month	16 hrs
Mtn View	8 trips/month	16 hrs
Ash Flat	8 trips/month	32 hrs
Batesville	16 trips/month	32 hrs
Total hours		96 hrs

Doctor's Time \$50/hour - \$4800/month to drive to the clinics.

Lost Revenue \$50/hour - \$4800/month

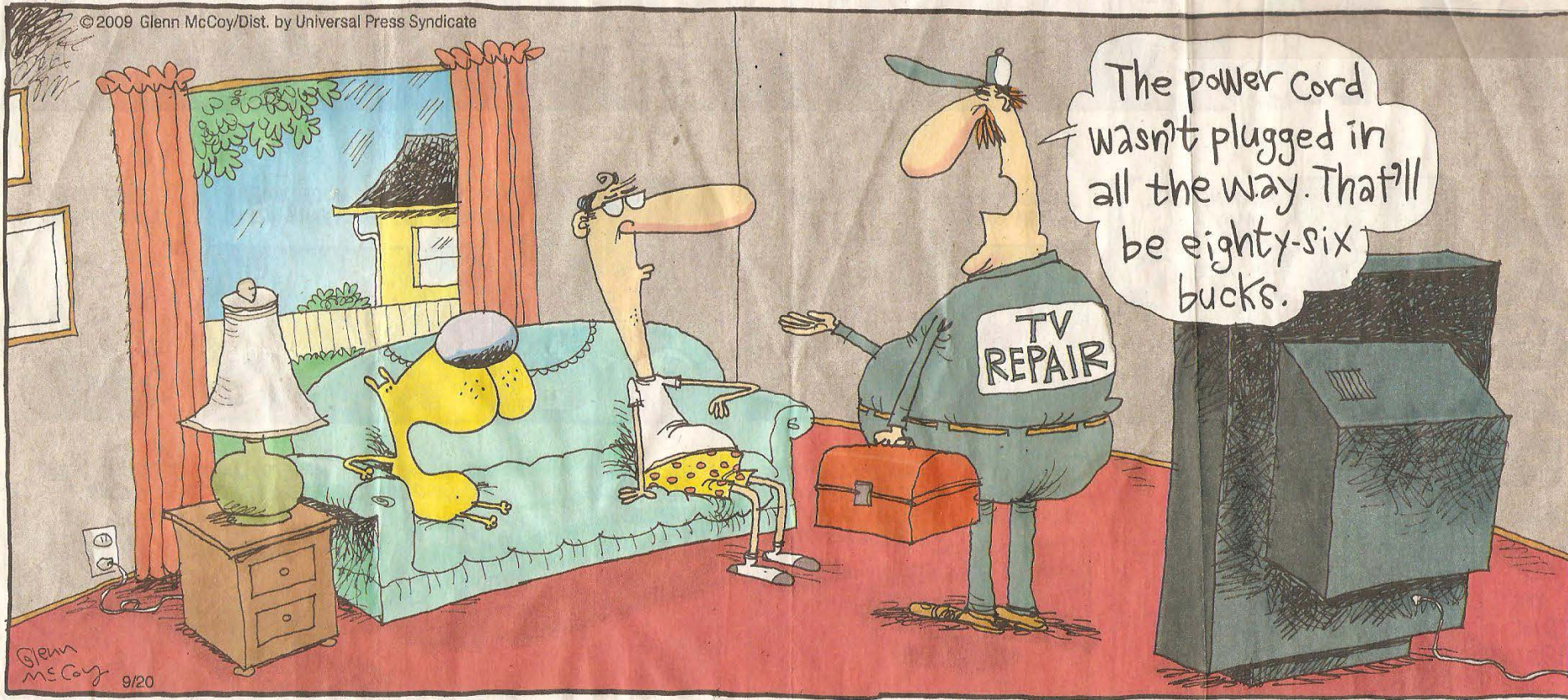
Knowledge is Power

Never Pay for Free Information

THE DUPLEX

BY GLENN McCOY

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How-To Guides

- **Tandberg Set-up Guide** <http://www.cmu.edu/computing/class-event/help/videoconference/portable-tandberg1000.pdf>
- **Polycom Set-up Guide**
http://downloads.polycom.com/video/realpresence_mobile/RPM_Deploy_Guide.pdf
- **Bridge / Scheduler Set-up**
<http://www.maine.gov/msl/libs/btop/schedulerGuide.pdf>
- **Exam Room Set-up Guide**
<http://www.indianaruralhealth.org/clientuploads/ITN/Video.Conferencing.Essentials.ITN.Executive.Summary.Final.%2001052010.pdf>
- **Telemedicine Solutions**
[http://69.59.162.218/HIMSS2012/Venetian%20Sands%20Expo%20Center/2.24.12 Fri/Lido%203106/Fri 1115/222 David Smith Lido%203106/222SmithFINAL.pdf](http://69.59.162.218/HIMSS2012/Venetian%20Sands%20Expo%20Center/2.24.12%20Fri/Lido%203106/Fri%201115/222%20David%20Smith%20Lido%203106/222SmithFINAL.pdf)

LAN Equipment

- Routers (provided by Phone Co, or ISP)
- Video Border Proxy (\$1,200 and up)
- Switch (\$50-\$250)



Video Conferencing Equipment



IPV's



IP VCR



BRIDGE

Things We Did Right

- Collaborated with our Telcom Installer (Heritage), Telephone Sales Rep, and our IT Staff.
- Researched the Rules and Regs for Reimbursement: Medicare, Medicaid, Private Insurance, etc...
- Started out slowly. 5 Telemed units, then 10 more, then 7 more after that.
- Began with Medical Staff. Then, once they were on-board, we moved to our Clinical staff

Things We Did Right

- Learned how to configure the equipment during the installation process.
- Minimal Transition Time (it was not optional)
- Expanded our reach beyond our own agency
- Used large monitors for clinical interviews
- Continued to seek out new resources, new grant opportunities, new connections.
- WE Believed It Was a Good Idea

Things We Did Right

- Prepared the sites: Lighting, color schemes, monitor size, furniture, privacy.
- Prepared the staff: Camera functions, Image size, Volume control, Confidence and Normalization.
- Prepared the clients: Prior screening, Consent forms, Prior notice, “kitchen window” effect.

Things We Did Right

- Avoided the desire to go cheap.
- Didn't use Skype or webcams
- Didn't use small monitors or laptops
- Used nurses not “staff” as attendants
- Had options for “uncomfortable” clients
- Distinguished telemed billing from on-site
- Enhanced on-site services, it didn't replace them.

Things We Did Wrong

Purchased from a Secondary vendor

- Bought high-end equipment
- We paid full price +
- Installers were only aware of the basic set-up and install procedures
- We did not learn about all the limits and features available (ie.. Multi-site restrictions, Directory Services, HD - vs- SD monitors, Recording, Scheduling)

Things We Did Wrong

Purchased from a Secondary vendor

- Polycom Grant Assistance Programs and Tandberg Grant services are available and they will help you to find ways to subsidize your purchase
- Authorized reps can help you choose the right model for your needs. We bought HDX 7000's (\$7500), we could have used QDX 6000's " for about half the price".

Things We Did Wrong

Asked the Wrong People for Advice

- A Telemed Coordinator from another state said we would not be able to connect to units in the “outside world”. We would have to install “public” circuits if we wanted to do that, and then we wouldn’t be able to “securely” connect to our own units anymore, and that’s a HIPAA violation.

“That’s just the way it is...

Nothing you can do about it.”

Things We Did Wrong

Asked the Wrong People for Advice

- A VBP, sits on the edge of your network and allows Public Video Calls to securely connect to registered units inside your LAN.
- An IT Specialist with no IAV experience said that a VBP would cost about \$85,000
- We contracted about 30 man-hours (@\$105/hr) trying to adjust our firewalls & port settings to avoid buying one.
- We eventually Demo'd, then purchased a VBP for \$1200.00, from a vendor we found on-line

Things We Did Wrong

Asked the Wrong People for Advice

- Our ISP said there weren't any programs available to reduce our internet costs.
- By 2009 our monthly internet bill (22 sites), was \$16,533/month.
- USAC can help you reduce your Rural Healthcare Telecomm bills by 66%.
- Telequality Communications helped walk us through the mountain of paperwork.

Things We Did Wrong

Asked the Wrong People for Advice

- A grant coordinator (2008), said there wasn't any money available to set-up networks, or buy equipment; just grants to encourage inter-agency cooperation/ planning/sustainability of IAV networks.
- A billing representative (2009), said Medicare and Private Insurance won't pay for Telemed Services.

Things We Did Wrong

Didn't get enough Band-Width

- In 2009 we purchased 10 more units and put them in sites that had fractional T-1's
- 768 kbs – (384 for Telemed, 384 for Voip Phones and Computers)
- When the Telemeds were on the computers ran slow and phones acted up.
- CoS precedence set for Video/Voice/Data
- Dedicated Business Class DSL 768kb

Resources



Heritage Communications:

www.hci-ar.com 1-800-553-2280



Telequality / Rural Health Telecom:

<http://telequality.com> 1-210-408-0388



Universal Service Admin Company

USAC: www.usac.org



Telehealth
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The National Telehealth Resource Center Webinar Series

3rd Thursday of every month

Next Webinar:

Topic: Marketing Considerations for Telemedicine Programs

Presenter: Northwest Regional Telehealth Resource Center

Date: Thursday, November 15, 2012

Times: 2:00 PM Eastern Time



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“If I Knew Then What I Know Now. . .” Building a Telehealth Network

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