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: Mr. John Draude

PROJECT NAME: Traumatic Brain Injury Telemedicine (TELE-TBI)

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

FUNDING (source and amount): US Army Medical Command; $1.5 M initial funding provided

START UP FUNDS: Same as above

REIMBURSEMENT (submitted/not submitted): N/A

DURATION (start time and date): Expected to commence in late 2008 or early 2009 depending on equipment arrival

PURPOSE/INTENT (100 words maximum):

To expand access to specialty care and expertise throughout the Pacific for Traumatic Brain Injury (TBI) assessment and treatment. The initial emphasis will be to provide a limited spectrum of clinical, behavioral and rehabilitation services between Tripler Army Medical Center and Schofield Barracks Health Clinic followed by linkage to American Samoa. Additional sites may include Guam, Korea and Japan where there are military elements.

MAJOR CRITICAL ACCOMPLISHMENTS:

The TBI network will be designed to augment existing services and extend services throughout the Pacific and back to Mainland assets if needed. The initial services will include psychology, audiology, speech pathology and rehabilitative medicine (occupational and physical therapy). Telemedicine will mitigate staffing shortages and facilitate a flexible response to surges in demand.
Planning has been completed to procure new VTC equipment to augment and upgrade VTC capabilities at Tripler and Schofield Barracks to provide a better infrastructure to conduct telehealth sessions to and from those locations. We are also currently in communication with the Veterans Administration to potentially utilize existing

CRITICAL SUCCESS FACTORS:

TBI telemedicine program will design, implement and integrate a customized TBI telemedicine program, using existing and new potential programs, based upon a needs assessment of TBI services. This project will maximize existing TBI resources (e.g. expert staff, facilities), and supplemental staff and resources for equipment, as directed by both operational requirements and clinical workload (historical and projected).
The program will initially provide a local TBI telehealth director, clinical director, and technical support to work with the clinicians to better define the telehealth programs/procedures and workflow, to schedule and operate the defined sessions, and collect the metrics of success and issues in utilizing telehealth for these sessions. The project will follow with providing telehealth coordinators at remote locations which can coordinate the execution of these sessions at those locations.

CRITICAL BARRIERS (overcome or not):

Expansion to American Samoa and other remote sites is dependent on the quality of the VTC capabilities (bandwidth) at those locations as well as the willingness of the staff at those locations to support. Linkage or bridging to locations outside of the networked system in the Army Medical Department will rely on ISDN technology which is subject to phone line costs and long distance charges. Another critical factor will be to get qualified telehealth coordinators at these remote locations that can successfully coordinate these sessions with the existing clinical staff at those remote locations back to Tripler and other clinical expertise locations.

MAJOR LESSON LEARNED:

Project is just beginning.

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

Pending equipment arrival and staffing actions. Expected timeframe for VTC equipment delivery and installation is tentatively scheduled for Nov-Dec 2008 timeframe. Initial staffing for the Tele-TBI support is expected in the October 2008 timeframe.

PARTNERING ORGANIZATIONS:

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

Committee

TECHNOLOGY USED: IP and ISDN based VTC