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

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PROJECT NAME: Pacific Asynchronous TeleHealth (PATH) System: Pediatric and Adult Specialty Teleconsultation in the Pacific Region

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

FUNDING (source and amount): US Army Medical Command

START UP FUNDS: Initially funded as a research endeavor through the Pacific Telehealth and Technology Hui with Congressional Appropriation

REIMBURSEMENT (submitted/not submitted): N/A

DURATION (start time and date): 2000 to present

PURPOSE/INTENT (100 words maximum):

TAMC serves as the military's tertiary medical care facility for the entire Pacific region. Healthcare providers at remote military treatment facilities in Japan, South Korea, and Guam have limited or no access to specialty consultation services. This created a need for asynchronous teleconsultation capabilities between Western Pacific Military Treatment Facilities and TAMC. The Pacific Asynchronous TeleHealth (PATH) system is an internet-based, asynchronous (store-&-forward), HIPAA-compliant, provider-to-provider teleconsultation system. The PATH website is hosted at TAMC. Remote providers only require a computer with internet connection and browser software, making it readily available regardless of time and location. Remote providers enter patient demographics, history/physical exam data, and supplementary multimedia (pictures, video, or sound) as dictated by the clinical need. Cases are screened by physician consult managers at TAMC and forwarded to the appropriate specialists. Providers are notified of new comments via e-mail. Physician workload is captured via a disposition module.

MAJOR CRITICAL ACCOMPLISHMENTS:

PATH is currently processing >500 consults/yr (adult and pediatric cases), and has increased >20%/yr. Benefits include improved care access and quality at a decreased cost (Callahan et al, Arch Pediatr Adolesc Med 2005). Cost avoidance is estimated at nearly $200,000 per year for local medical consultation and/or evacuation to Tripler. A workload capture module is providing specialist physicians with appropriate RVU credit for their participation.

CRITICAL SUCCESS FACTORS:

Must have dedicated technical support to troubleshoot user problems, upgrades and maintenance. Need physician consult managers to review cases, forward to the appropriate specialty providers and ensure that consults are answered in a timely manner. Specialty physicians must participate in program.

CRITICAL BARRIERS (overcome or not):

Workload capture is critical to support the business case for program continuation and funding. The referring facilities need local support and must realize the potential benefit of the telemedical approach.

MAJOR LESSON LEARNED:

The teleconsultation process must be optimized for both referring physician and consultants to maximize use of their time without administrative redundancies. This has been done by improving the consult submission process, media handling protocols, and case management techniques. Furthermore, specialized modules for case management, patient administration and workload capture were required. Institutional support is critical for long-term sustainment and success.

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

Active

PARTNERING ORGANIZATIONS:

Pacific Telehealth and Technology Hui, 12 US military clinics in the Pacific and 4 clinics in Washington, California and Alaska

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

Clinical Champion

TECHNOLOGY USED: Internet-based, asynchronous (store-&-forward), HIPAA-compliant, provider-to-provider teleconsultation system