PERFORMANCE NOTE: AGENCY FORM   H.B. 92

SHORT TITLE: Utah Telehealth and Education Network Amendments

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases

funding for: ☐ New agency ☐ New services or benefits ☒ Serving a new or larger population

DUE TO THE FISCAL ANALYS Friday, February 07, 2014

CONTACT INFORMATION   RESPONDENT: Deb LaMarche

   Title: Associate Director   Agency: Utah Telehealth Network

   Cell: 801-690-3406   Office: 801-587-6190   e-mail: deb.lamarche@utahtelehealth.net

HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served?   JR4-2-404(4)(c)(i)

Expand access to health care services and resources to a broader constituency of health professionals and patients through the innovative use of technology. Provide a high speed broadband network of health care facilities, especially for those in remote, rural areas; facilitate patient care at a distance including to home bound and nursing home patients; facilitate coordination of care between health care providers; deliver education and training to health professionals.

2 What services are provided by the funding increase?   JR4-2-404(4)(c)(ii)

Reliable, secure fiber & microwave network available to more health care facilities (such as FQHCs, nursing homes). Coordination and promotion of telehealth service delivery. New videoconferencing platform that is secure, easy to use, interoperable with standards based videoconferencing, accessible from home and on mobile devices. Upgraded high definition medical videoconferencing equipment for clinics and behavioral health facilities.

3 What are the expected outcomes of the new or expanded program and how will the public benefit?   JR4-2-404(4)(c)(iii)

-More health care facilities connected, especially those in remote locations
-Improved access to telehealth services for patients including from their homes and mobile devices
-Support for innovative models of health care delivery by Medicaid and others serving the chronically ill, home bound, and patients far from traditional point of care.
-Collaboration between technical staff to share best practices, strengthen and increase reliability of networks and the delivery of technical support.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)

Technical staff from both UTN and UEN will build upon and leverage existing infrastructure , coordinate expansion, and improve reliability for consistent services for both constituencies. Applications to the Universal Service Administrative Company (USAC) Rural Health Care Programs will be submitted to maximize investments in network infrastructure. UTEN will work collabortatively with the Utah Department of Health and major health care providers, such as the University of Utah Health Care and Intermountain Healthcare, to engage their expertise in the further development of telehealth.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

Today, both the Utah Education Network and the Utah Telehealth Network separately support parallel infrastructure for networking and videoconferencing. Both face some of the same challenges in reaching remote locations. Working relationships exist but have been informal. The new organization will offer the synergy of expertise, resources and infrastructure and better coordination of planning, evaluation of new products and services, and the possibility of shared tools and technology.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Implement and manage network and telehealth infrastructure for healthcare facilities.

Measure Title: Number of health centers supported

Description: Number of health centers directly connected into or supported by UTEN. Includes hospitals, clinics and health departments that receive network and/or videoconferencing services.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:			100	120	
Baseline:	62	80			

How will program managers collect this performance information and ensure its reliability?

Counts of Utah health care facilities with contracts or agreements for services with UTEN and also as found in UTED (Utah Telehealth Enterprise Database), UTN's operations database. Data will be gathered, then reviewed for duplicates or inaccuracies, prior to submission.

Goal (public benefit): Support videoconferencing endpoints for health care providers and patients.

Measure Title: Number of videoconferencing endpoints supported

Description: Number of videoconferencing systems/codecs and desktop videoconferencing accounts (currently Cisco Jabber) supported by UTEN.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:			1000	1500	
Baseline:	825	850			

How will program managers collect this performance information and ensure its reliability?

Codecs supported by UTN are tracked in UTED's Inventory module and are reviewed at least annually in conjunction with the University's capital inventory process. Desktop videoconferencing accounts are created and managed in Cisco TMS. These are purged annually for inactivity. The data will be collected from UTED and TMS.

Goal (public benefit): Support telehealth activities by health care providers and patients

Measure Title: Telehealth community events

Description: Number of videoconferencing events managed for the Utah health care community in support of patient care, education and training of health professionals, and meetings.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:			1,400	2,000	
Baseline:	1,051	1,100			

How will program managers collect this performance information and ensure its reliability?

Events are scheduled and tracked in UTED and reviewed monthly for accuracy. Additional software may be required in the future to more accurately capture all activity as scheduling and connecting become decentralized.