

C. Possible Year 2 Requests for the RHC Pilot Program

Based on the progress and discoveries accomplished during Phase 1 of WTE development, the WTC has identified possible Phase 2 activities for which funding may be requested from the second year of the RHC Pilot Program; these include:

- **WTE Web Portal Expansion:** The Web Portal will be expanded in the future to include a Physicians Directory that provides a listing and contact information for clinicians who participate in telemedicine consultations offering a valuable resource to organizations searching for telehealth specific service providers. In addition, an advanced videoconferencing & event scheduling system will be designed and implemented on the WTE Web Portal. Tied to the Master Calendar, the Scheduler will be used to facilitate inter-institutional invitations for WTE Members to attend continuing education, training, collaborative meeting opportunities, as well as for the largely-automated scheduling of telemedicine clinical consultations. WTE Members interested in participating in an event would electronically “RSVP” to the sponsoring organization, who is responsible for further scheduling action. Not intended to replace systems already in use by private telehealth networks, the videoconference / event scheduler component is but is meant to facilitate collaboration between WTE Members.
- **Alignment with Telehealth Initiatives:** Access to specific infrastructure assets in Washington State strategically positions the newly formed network to align with other state, regional, and national telehealth initiatives. In addition to Internet2 and National LambdaRail points of presence, Pacific Northwest GigaPOP fiber provides natural connections to Alaska, California, Idaho, Montana, and Oregon. Many of these states already collaborate with members of the WTC on projects or have hospitals and clinics in WTC’s partner telehealth networks.
- **Electronic Medical Records** With the mandate to provide standardized Electronic Medical Records (EMR) by 2014, the Washington Telehealth Consortium will address EMR as a priority issue in its strategic plan.
- **Deployment of WTE Network:** The WTC envisions an comprehensive network design that goes beyond merely interconnecting existing telehealth networks, by incorporating the interconnection with a statewide backbone and network aggregation points that will allow rural hospitals and clinics who are presently unable to utilize telehealth services and applications due to geographic, financial, and technological barriers to become successful members of the telehealth movement in Washington State. To this end, the WTC will request funding from the FCC to implement the statewide network design that will have been drafted as a result of the Phase I WTE network design study.

XII. SUSTAINABILITY

The estimated recurring annual cost to sustain Phase I activities (beyond Year 1) is \$30,240, which will be covered by a nominal annual WTE Member subscription incurred by the participating telehealth networks. The WTC will seek funding on the behalf of the participating telehealth networks to reduce or complete off-set these subscription fees. The viability of the WTE will depend on the WTC's ability to provide value to its members and incentive for continued collaboration. In consideration of the imperative to deliver value, the WTC will demonstrate that access to a statewide telehealth network will provide the following benefits to various stakeholders across Washington State.

Stakeholder	Needs Addressed	Benefits Gained
Rural Hospitals & Clinics	Affordable access to telehealth services	Viable access to mission critical telehealth services.
Tertiary Care Centers	Convenient access to an interoperable statewide telehealth network	Increased access to patients & rural providers
Vendors	Sustainable telehealth business models	Broadened access to telehealth market
Payers	Reduced cost of reimbursable health services	Cost effective real and measurable benefits
Patients	Access to high quality, affordable healthcare	Timely access to needed healthcare services

The Washington Telehealth Consortium seeks to establish a broadened market, in the state of Washington, for the provision of free and fee-based telehealth services and applications over a statewide network backbone.

It is anticipated that membership fees will be the main source of revenue for the eventual statewide network (possible state subsidies may be available). Initially, membership fees will be levied by the WTE to existing Private Telehealth Networks on behalf of their members. This will likely change as disconnected sites are added to the network and a permanent network design solution is adopted.

WTE Web Portal operation will be supplemented by the sale of advertisements in addition to membership fees.

With the creation and launch of the Washington Telehealth Exchange, the telehealth market in Washington will transcend geographic and proprietary boundaries by creating an open market for competition in telehealth service provision.

Creating and fostering increased levels of competition in Washington's telehealth market will result in more and less expensive telehealth service and application choices for hospitals and clinics in rural and underserved communities. As well, broadening the telehealth market will give telehealth providers more financial incentive to serve the niche market needs of rural hospitals.

Access to telehealth resources on a statewide basis will assist rural hospitals and clinics in identifying, recruiting, and retaining qualified physicians, clinical specialists, and technicians that offer the delivery of their services via telehealth methods.

Although membership to the Washington Telehealth Exchange statewide network is open to all relevant and interested healthcare organizations in Washington State, only non-profit entities will receive subsidy or financial assistance in connecting to the network architecture.

For-profit network participants will be required to fund their own access to the WTE Interconnection point as part of Phase I. Depending on ultimate network design results, for-profit network participants will not be eligible to receive any subsidy in funding their connection to the proposed statewide network in Phase II. Additionally, for-profit network participants may pay higher membership fees than their non-profit counterparts.

XIII. CONCLUSION

The model described by the Washington Telehealth Consortium (WTC) is a paradigm the FCC will be able to use as our strategy includes aggregation of the specific needs of the health care providers, including those serving rural areas within the State of Washington. Our comprehensive work plan includes the evaluation and leveraging of existing technology to adopt the most efficient and effective means of connection the urban and rural providers. Our plan will demonstrate that we have a viable strategic plan for aggregating usage among health care providers.

The applicant and the members of the WTC have a successful track record in developing, coordinating and implementing successful telehealth/telemedicine programs within the State of Washington. The WTE will be designed to connect existing telehealth networks within the state and provide connections to Internet2 and other advanced communications networks as well as allow medical professionals to use the network to share resources, access medical information, facilitate remote consultations and eventually facilitate the transmission of electronic medical records. The network design study/initial network deployment will also consider ways to ensure that the network and its protocols facilitate expansion of the network and ensure its compatibility with networks outside the state with an eye towards being part of an eventual national high-capacity telehealth network.

The comprehensive network design study and preliminary networks investments proposed by the WTC advance the public interest and meeting the objectives of the FCC Rural Health Care Pilot Program.

XIV. APPENDICES

A. WTC Members & MOU

The following organizations have formalized their participation in WTC by signing a Memorandum of Understanding (MOU); copies of the signed MOUs are included as an attachment to this application. Further below is a copy of the WTC MOU instrument.

- The Association of Washingtons Public Hospital Districts (AWPHD)
- **Forks** Community Hospital
- GCI, Inc.
- Garfield County Memorial Hospital
- Inland Northwest Health Services
- University of Washington Medicine
- Virginia Mason Medical Center
- Washington State Hospital Association

WTC Memorandum of Understanding

WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 981 19

MEMORANDUM of UNDERSTANDING

BETWEEN

THE WASHINGTON TELEHEALTH CONSORTIUM
AND
[SERVICE PROVIDER]

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)

Purpose

1. This MOU serves to formalize collaborations by and between organizations qualified as members of the Washington Telehealth Consortium.
2. By signing this document, signatories express the commitment of their organization's leadership to cooperate in good faith with the members of the Washington Telehealth Consortium. As a WTC member, signatories agree to participate, as needed, on focused task as defined by the Steering Committee.

Context

During WTC's initial formation year (2007). the current priority initiative is the design, creation, and launch of a statewide network referred to as the "Washington Telehealth Exchange" or WTE. This network will provide a, Internet-based portal linking Washington's rural and urban telehealth service users (i.e., hospitals and medical clinics) and providers (i.e., telehealth networks and specialty services) through which authorized users can access any available telehealth application and/or service; some applications and services may require an additional fee and some may require minimum connection standards (equipment, bandwidth, and protocols). Once established, WTE may be expanded to facilitate the exchange of electronic medical records and other health and medical informatics applications.

Problem

Delivery of high quality medical care can be significantly enhanced by ready access to robust telehealth services and applications, which benefits all health care providers, especially those serving Washington’s rural communities. There are several distinct and well-established telehealth networks operating in Washington; however, each is operated independently, offering limited coordinated interconnection and/or collaboration with other networks. There is no adequate statewide mechanism to interconnect Washington’s robust-although-disparate telehealth networks, which poses a barrier to Washington’s rural health care providers.

Scope

The current MOU is used as the delineating factor for determining membership in the Washington Telehealth Consortium (WTC) for a 1 year period beginning January 1, 2007. This fixed-term MOU is specifically designed for WTC’s development phase; once the eventual structure of the WTC is formalized, a revised MOU will be created and circulated for signatures.

Understandings

By signing this MOU, signatories express their organization’s willful participation in the formation activities of the Washington Telehealth Consortium during its initial year (2007). **As** needed, member organizations may be requested to provide qualified personnel to participate on one or more Task Groups as defined and assigned by the WTC Steering Committee.

Contracting Period

This MOU between the WTC and signatory will commence upon the date of signing and terminate on December 31, 2007. **As** the WTC formalizes its structure during this initial year (2007), a revised MOU will be devised and circulated for signatures as a mechanism for continued membership.

Terms

Signatories of this MOU agree to the following:

- o To become members of the WTC, which currently requires no membership fees
- o To provide information to the WTC Steering Committee and various Task Groups as related to the WTC’s effort to create the Washington Telehealth Exchange.
- o To participate, as needed, on one or more WTC Task Groups, which are defined and assigned by the WTC Steering Committee.
- o To provide, as appropriate, organizational endorsement to WTC’s efforts that may require a demonstration of support by stakeholders represented by the WTC (i.e., WTC members).

Effective Date

From date of signature until December 31, 2007.

SIGNATURE BLOCK

Jeff Mero, Chair of WTC Steering Committee

Date

Authorized Signatory

Date

Appendix B - WTC Memorandum of Understanding

WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 98119
MEMORANDUM of UNDERSTANDING
BETWEEN
THE WASHINGTON TELEHEALTH CONSORTIUM
AND
ASSOCIATION OF WASHINGTON PUBLIC HOSPITAL DISTRICTS

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)

Purpose

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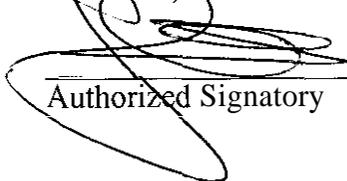
Effective Date

From date of signature until December 31, 2007

SIGNATURE BLOCK



Jeff Mero, Chair of WTC Steering Committee



Authorized Signatory

4/30/07

Date,

4/30/07

Date

Appendix B - WTC Memorandum of Understanding

WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 98119

MEMORANDUM of UNDERSTANDING

BETWEEN

THE WASHINGTON TELEHEALTH CONSORTIUM
AND

[ORGANIZATION] *Forks Community Hospital*

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)

Purpose

- a. This MOU serves to formalize collaborations by and between organizations qualified as members of the Washington Telehealth Consortium.
- b. By signing this document, signatories express the commitment of their organization's leadership to cooperate in good faith with the members of the Washington Telehealth Consortium. As a WTC member, signatories agree to participate, as needed, on focused task as defined by the Steering Committee.

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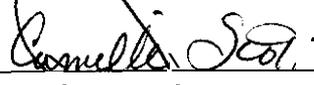
SIGNATURE BLOCK



 Jeff Mero, Chair of WTC Steering Committee

1/30/07

 Date



 Authorized Signatory

1-30-07

 Date

Appendix B – WTC Memorandum of Understanding

WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 98119

MEMORANDUM of UNDERSTANDING

BETWEEN

THE WASHINGTON TELEHEALTH CONSORTIUM

AND

GCI, Inc.

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)

Purpose

- a. **This** MOU serves to formalize collaborations by **and** between organizations qualified as members of the Washington Telehealth consortium.
- b. **By signing** this document, signatories express the commitment of their organization's leadership to cooperate in good faith with **the** members of **the** Washington Telehealth Consortium. **As** a WTC member, signatories agree to participate, **as** needed, on focused task as defied by the Steering Committee.

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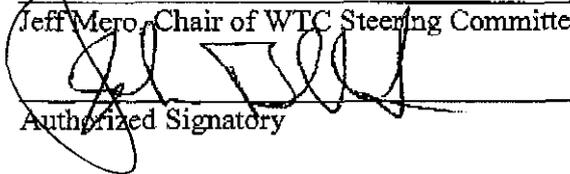
Effective Date

From date of signature until December 31, 2007.

SIGNATURE BLOCK



 Jeff Mero, Chair of WTC Steering Committee



 Authorized Signatory

4/24/07

 Date

4-24-7

 Date

Appendix B - WTC Memorandum of Understanding

WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 98119
MEMORANDUM of UNDERSTANDING

BETWEEN
THE WASHINGTON TELEHEALTH CONSORTIUM

AND
[ORGANIZATION] *Garfield County Public Hospital District*

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)
purpose

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Problem

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Effective Date

From date of signature until December 31, 2007.

SIGNATURE BLOCK



 Jeff Merz, Chair of WTC Steering Committee

Date 3/13/07



 Authorized Signatory

Date 3-13-07

Appendix B - WTC Memorandum of Understanding

WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 98119

MEMORANDUM of UNDERSTANDING
BETWEEN
THE WASHINGTON TELEHEALTH CONSORTIUM
AND
INLAND NORTHWEST HEALTH SERVICES (INHS)

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)

Purpose

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Effective Date

From date of signature until December 31, 2007.

SIGNATURE BLOCK



Jeff Mero, Chair of WTC Steering Committee

Date 3/12/07



Nancy L. Vochel
COO, INHB, NHP.
Authorized Signatory

Date 3-12-07

Appendix B – WTC Memorandum of Understanding

WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 98119
MEMORANDUM of UNDERSTANDING
BETWEEN
THE WASHINGTON TELEHEALTH CONSORTIUM
AND
UNIVERSITY OF WASHINGTON MEDICINE

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)

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SIGNATURE BLOCK



Jeff Mero, Chair of WTC Steering Committee

Date

2/8/07



Authorized Signatory

Date

2/8/07

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WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 98119
MEMORANDUM of UNDERSTANDING
BETWEEN
THE WASHINGTON TELEHEALTH CONSORTIUM
AND
VIRGINIA MASON MEDICAL CENTER

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)

Purpose

- a. This MOU serves to formalize collaborations by and between organizations qualified as members of the Washington Telehealth Consortium.
- b. By signing this document, signatories express the commitment of their organization's leadership to cooperate in good faith with the members of the Washington Telehealth Consortium. As a WTC member, signatories agree to participate, as needed, on focused tasks as defined by the Steering Committee.

Context

During WTC's initial formation year (2007), the current priority initiative is the design, creation, and launch of a statewide network referred to as the "Washington Telehealth Exchange" or WTE. This network will provide an Internet-based portal linking Washington's rural and urban telehealth service users (i.e., hospitals and medical clinics) and providers (i.e., telehealth networks and specialty services) through which authorized users can access any available telehealth application and/or service; some applications and services may require an additional fee and some may require minimum connection standards (equipment, bandwidth, and protocols). Once established, WTE may be expanded to facilitate the exchange of electronic medical records and other health and medical informatics applications.

Problem

Delivery of high quality medical care can be significantly enhanced by ready access to robust telehealth services and applications, which benefits all health care providers, especially those serving Washington's rural communities. There are several distinct and well-established telehealth networks operating in Washington; however, each is operated independently, offering limited coordinated interconnection and/or collaboration with other networks. There is no adequate statewide mechanism to interconnect Washington's robust-although-disparate telehealth networks, which poses a barrier to Washington's rural health care providers.

Scope

The current MOU is used as the delineating factor for determining membership in the Washington Telehealth Consortium (WTC) for a 1 year period beginning

development phase; once the eventual structure of the WTC is formalized, a revised MOU will be created and circulated for signatures.

Understandings

By signing this MOU, signatories express their organization's willful participation in the formation activities of the Washington Telehealth Consortium during its initial year (2007). As needed, member organizations may be requested to provide qualified personnel to participate on one or more Task Groups as defined and assigned by the WTC Steering Committee.

Contracting Period

This MOU between the WTC and signatory will commence upon the date of signing and terminate on December 31, 2007. As the WTC formalizes its structure during this initial year (2007), a revised MOU will be devised and circulated for signatures as a mechanism for continued membership.

Terms

Signatories of this MOU agree to the following:

- To become members of the WTC, which currently requires no membership fees.
- To provide information to the WTC Steering Committee and various Task Groups as related to the WTC's effort to create the Washington Telehealth Exchange.
- To participate, as needed, on one or more WTC Task Groups, which are defined and assigned by the WTC Steering Committee.
- To provide, as appropriate, organizational endorsement to WTC's efforts that may require a demonstration of support by stakeholders represented by the WTC (i.e., WTC members).

Effective Date

From date of signature until December 31, 2007.

SIGNATURE BLOCK



Jeff Mero, Chair of WTC Steering Committee

Date 4/10/07



Steve Tsukuno, Director Information Systems Virginia Mason Medical Center
Authorized Signatory

Date 4/10/2007

Appendix B - WTC Memorandum of Understanding

WASHINGTON TELEHEALTH CONSORTIUM
c/o Association of Washington Public Hospital Districts
300 Elliott Ave West, Suite 300; Seattle, WA 98119
MEMORANDUM of UNDERSTANDING
BETWEEN
THE WASHINGTON TELEHEALTH CONSORTIUM
AND
WASHINGTON STATE HOSPITAL ASSOCIATION

SUBJECT: Membership Agreement during WTC's Initial Formation Year (2007)

Purpose

- a. This MOU serves to formalize collaborations by and between organizations qualified as members of the Washington Telehealth Consortium.
- b. By signing this document, signatories express the commitment of their organization's leadership to cooperate in good faith with the members of the Washington Telehealth Consortium. As a WTC member, signatories agree to participate, **as** needed, on focused task as defined by the Steering Committee.

Context

During WTC's initial formation year (2007), the current priority initiative is the design, creation, and launch of a statewide network referred to as the "Washington Telehealth Exchange" or WTE. This network will provide an **Internet-**based portal linking Washington's rural and urban telehealth service users (i.e., hospitals and medical clinics) and providers (i.e., telehealth networks and specialty services) through which authorized users can access any available telehealth application and/or service; some applications and services may require an additional fee and some may require minimum connection standards (equipment, bandwidth, and protocols). Once established, WTE may be expanded to facilitate the exchange of electronic medical records and other health and medical informatics applications.

Problem

Delivery of high quality medical care can be significantly enhanced by ready access to robust telehealth services and applications, which benefits all health care providers, especially those serving Washington's rural communities. There are several distinct and well-established telehealth networks operating in Washington; however, each is operated independently, offering limited coordinated interconnection and/or collaboration with other networks. There is **no** adequate statewide mechanism to interconnect Washington's **robust-although-**disparate telehealth networks, which poses a barrier to Washington's rural health care providers.

Scope

The current MOU is used as the delineating factor for determining membership in the Washington Telehealth Consortium (WTC) for a **1** year period beginning January **1**, 2007. This fixed-term MOU is specifically designed for WTC's

development phase; once the eventual structure of the **WTC** is formalized, a revised MOU will be created and circulated for signatures.

Understandings

By signing this MOU, signatories express their organization's willful participation in the formation activities of the Washington Telehealth Consortium during its initial year (2007). As needed, member organizations may be requested to provide qualified personnel to participate on one or more Task Groups as defined and assigned by the WTC Steering Committee.

Contracting Period

This MOU between the WTC and signatory will commence upon the date of signing and terminate on December 31, 2007. As the WTC formalizes its structure during this initial year (2007), a revised MOU will be devised and circulated for signatures as a mechanism for continued membership.

Terms

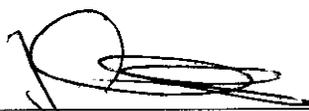
Signatories of this MOU agree to the following:

- To become members of the WTC, which currently requires **no** membership fees.
- To provide information to the WTC Steering Committee and various Task Groups as related to the WTC's effort to create the Washington Telehealth Exchange.
- To participate, as needed, on one or more WTC Task Groups, which are defined and assigned by the WTC Steering Committee.
- To provide, as appropriate, organizational endorsement to WTC's efforts that may require a demonstration of support by stakeholders represented by the WTC (i.e., WTC members).

Effective Date

From date of signature until December 31, 2007.

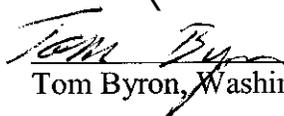
SIGNATURE BLOCK



Jeff Mero, Chair of WTC Steering Committee

31 | 07

Date



Tom Byron, Washington State Hospital Assn.

3/16, 2007

Date

B. Findings from the AWPHD Telehealth Readiness Survey

Date range of data collection: November 2006 to March 2007

Total AWPHD Membership: 53

Total number of AWPHD members responding to survey: 34

Response rate: 64%

List of responding AWPHD Members (n=34)

Cascade Medical Center	Morton General Hospital
Cascade Valley Hospital	North Valley Hospital
Coulee Community Hospital	Ocean Beach Hospital
Dayton General Hospital	Odessa Memorial Healthcare Center
East Adams Rural Hospital	Okanogan Douglas District Hospital
Ferry County PHD	Olympic Medical Center
Forks Community Hospital	Othello Community Hospital
Garfield County Hospital	Prosser Memorial Hospital
Island Hospital	Pullman Regional Hospital
Jefferson Healthcare	Samaritan Healthcare
Kennewick General Hospital	Skagit Valley Hospital
Kittitas Valley Community Hospital	Skyline Hospital
Klickitat Valley Health	United General Hospital
Lake Chelan Community Hospital	Valley General Hospital
Lincoln Hospital	Whidbey General Hospital
Mark Reed Hospital	Whitman Hospital & Medical Center
Mid-Valley Hospital	Willapa Harbor Hospital

AWPHD Member not responding (n=19)

Columbia Basin Hospital	McKay Healthcare and Rehabilitation
Douglas County PHD #2	Newport Hospital and Health Services
Douglas County PHD #3	Pend Oreille County PHD #2
Evergreen Healthcare	Point Roberts PHD
Franklin County PHD	Quincy Valley Medical Center
Grant County PHD #7	Skamania County PHD #1
Inter Island Medical Center	Snoqualmie Valley Hospital
Kittitas County PHD #2	Stevens Healthcare
Mason General Hospital	Valley Medical Center
Mattawa Community Medical Clinic	

Methods of Connectivity

of Hospitals using Dial-up: 6
of Hospitals using DSL: 18
of Hospitals using Cable: 9
of Hospitals using Satellite: 4
of Hospitals using Leased/Private Lines: 24
of Hospitals using Other: 10

Reliance on Multiple Methods of Connectivity

Hospitals relying on 1 method for Connectivity: 12
Hospitals relying on 2 methods for Connectivity: 14
Hospitals relying on 3 methods for Connectivity: 4
Hospitals relying on 4 methods for Connectivity: 1
Hospitals relying on 5 methods for Connectivity: 3

Telehealth Membership

	<u># of members</u>	<u>I</u>	<u># who want to subscribe</u>
CHART:	3 members belong	/	2 want to subscribe
Med WAN:	6 members belong	/	1 wants to subscribe
NOTN:	2 members belong	/	3 want to subscribe
NTN:	16 members belong	/	2 want to subscribe
UW:	10 members belong	/	1 wants to subscribe
VM:	3 members belong	I	1 wants to subscribe

Member of 0 networks: 7*
Member of 1 network: 19
Member of 2 networks: 4
Member of 3 networks: 2
Member of 4 networks: 2

* - Hospitals reporting to belong to no Telehealth networks include

1. Cascade Valley Hospital
2. Coulee Community Hospital
3. Lincoln Hospital
4. Ocean Beach Hospital
5. Olympic Medical Center
6. Prosser Memorial Hospital
7. Valley General Hospital

Adequacy of Current Broadband Capacity

Current

31 Hospitals believe they have adequate broadband capacity
2 Hospitals believe they DO NOT have adequate broadband capacity (Ferry County PHD & Morton General Hospital)
1 Hospital is NOT SURE if they have adequate broadband capacity (Olympic Medical Center)

Future

25 Hospitals believe their current broadband capacity is sufficient for future expansion
3 Hospitals believe their current broadband capacity is NOT sufficient for future expansion (Ferry County PHD, Lincoln Hospital & Morton General Hospital)
6 Hospitals are NOT SURE if their current broadband capacity is sufficient for future expansion

Types of Telehealth-ready Equipment available at facility

Clinical Appliance: 7

Imaging: 21

Monitoring: 13

Networking: 23

Videoconferencing:30

Other:2

Hospital reporting no Telehealth-ready Equipment: 1 (Valley General Hospital)

Value of Telehealth outweigh Costs

Yes: 21

Why?

- East Adams Rural Hospital: Decreases travel cost. More access to education and service.
- Morton General Hospital: Training opportunities are excellent and we hope to implement 'Virtual Clinics' with this technology
- United General Hospital: Don't have extensive telehealth here, mostly teleconferencing.

No: 3

Why?

- Jefferson Healthcare: It is under utilized at this time.
- Kittitas Valley Community Hospital: Expense to high for the volume of use
- Prosser Memorial Hospital: We have tried in the past and had very minimal response.

Sometimes: 6

Why?

- Forks Community Hospital: When we can use it for the services we desire to obtain it **is** worth the price. It is not worth the associated costs for educational programming alone.
- Skyline Hospital: Content is not always relevant to rural practice. Access from limited sites create user issues.

Not Sure: 2

Levels of Use & Interest in specific Telehealth Services and Applications

Application / Service	Receive	Want	Don't Want	Don't Know
CME	25	7	0	3
EMR	5	7	4	13
Grand Rounds	20	2	1	11
TeleConsulting / Diagnosis	17	6	1	8
TeleMonitoring	3	3	6	18
TelePrevention	2	10	1	17
Videoconferencing	24	7	0	3
TeleCardiology	4	10	5	13
TeleDermatology	5	8	5	13
TeleENT	2	10	5	14
TeleEpidemiology	1	9	5	17
TeleER	8	7	2	15
TeleNeurology	3	11	4	14
TeleObstetrics	1	7	8	15
TeleOncology	1	11	6	12
TelePathology	1	10	6	14
TelePediatrics	2	10	4	15
TelePharmacology	10	12	2	9
TelePsychiatry	7	8	3	15
TeleRadiology	17	8	2	6
TeleRehabilitation	2	10	4	16

Hospitals not reporting any use of Telehealth services or applications: 3

- Cascade Valley Hospital
- Valley General Hospital
- Willapa Harbor Hospital

of Hospitals not reporting any use of Telehealth services or applications, but desire to: 1

- Cascade Valley Hospital

of Hospitals not reporting any use of Telehealth services or applications, and no desire to: 2

- Valley General Hospital
- Willapa Harbor Hospital