



**Testimony
Before the Committee on International Relations
Subcommittee on Africa, Global Human Rights
and International Operations
United States House of Representatives**

**Medical Outreach: An Instrument of
U.S. Diplomacy**

Statement of

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Mr. Chairman, Members of the Subcommittee, thank you for the opportunity to meet with you today on behalf of the Health Resources and Services Administration (HRSA) to discuss our health information technology efforts in advancing telehealth.

Mission

The mission of the Office for the Advancement of Telehealth (OAT) is to advance the use of telehealth technologies for improving access and quality of health care services for the underserved. Telehealth can be thought of as a tool box of diverse technologies applied to diverse health care needs in a wide range of health care settings. Telehealth is a dynamic field both in terms of technologies and how those technologies might be applied. The Office serves as the operational focal point for coordinating and advancing the use of telehealth technologies.

Background

OAT is part of HRSA's Office of Health Information Technology efforts. OAT was established under the authority of the Health Care Safety Net Amendments of 2002 (Public Law 107-251), which amended the Public Health Service Act to add authorities for (1) a Telehealth Network Grant Program; (2) a Telehealth Resource Center Grant Program; (3) a Mental Health Services Telehealth Program; and (4) a Licensure Portability Grant Program. Congressional intent in establishing OAT and its programs was to advance telehealth practices by seeding the field with pilot or demonstration projects, establishing a focal point for coordinating telehealth activities, providing technical hands-on assistance, disseminating model practices and lessons learned, and promoting collaborations to foster vital synergy.

In Fiscal Year (FY) 2006, Congress, in its Labor, HHS, and Education Appropriations Conference Report language, recognized some of the significant challenges to making the promise of telehealth programs a reality in this Nation and expanded HRSA's telehealth programs to include grants for: (a) pilot projects examining the cost-impact and value added of tele-home and tele-monitoring services; (b) telehealth resource centers; and (c) demonstrations to provide incentives for licensure coordination among the States.

The Administration's FY 2007 Budget request of \$6.819 million is equal to the FY 2006 appropriation. The funds requested will support the continuation of grants that support a consortia of health providers that deploy telehealth technologies to: (a) provide access to, coordinate, and improve the quality of health care services; (b) improve the training of health care providers; (c) improve the quality of health information available to health care providers, patients, and their families; (d) evaluate the impact of tele-home care and tele-monitoring services; and (e) reduce the barriers to physicians and nurses electronically practicing across State lines.

Activities

OAT addresses the challenges to advancing telehealth by leading, coordinating, and promoting the use of telehealth technologies. For example, OAT fosters partnerships within HRSA and with other Federal and private organizations to promote telehealth projects and demonstrations to create synergy among those programs. OAT administers grant programs that “seed” the field and advance the use of cost-effective telehealth technologies. We provide technical assistance. OAT promotes knowledge exchange about successful and not-so-successful telehealth technologies. We identify options for addressing barriers to the effective use of telehealth technologies and work to overcome those barriers. OAT also employs an updated Directory, Listserv, technical assistance documents, and Web site to meet these telehealth challenges. Also, OAT participates at annual meetings, the American Telemedicine Association mini-meeting, and the Joint Working Group on Telehealth/Telemedicine, as well as serves as an ongoing resource to the public and as a policy support – all to meet the goal of addressing telehealth challenges. OAT’s partners in telehealth include the Office of the National Coordinator, as well as grantees, private sector organizations, and States. We proudly serve as the Chair of the Joint Working Group on Telemedicine/Telehealth, whose members include the Departments of Commerce, Agriculture, Defense, and NIH/NLM, CDC, and AHRQ, as well as many others.

Programs

OAT manages the Telehealth Network Grant Program, the Telehealth Resource Center Grant Program (to be awarded at the end of FY 2006) and the Licensure Portability Program (also to be awarded at the end of FY 2006). The purpose of OAT’s Telehealth Network Grants is to demonstrate how telehealth technologies can be used to (1) expand access to, coordinate, and improve the quality of health services; (2) improve and expand the training of health care providers; and (3) expand and improve the quality of health information available to health care providers, and to patients and their families. Eligibility for these Telehealth Network Grants is open to urban and rural networks, but we have targeted resources to rural areas. These Telehealth Network grants allow grantees to purchase or lease equipment (up to 40 percent of the grant), pay for organizational development and operations, conduct internal evaluations on the cost-effectiveness of services, provide clinical services, develop distance education programs, mentor/precept at a distance, and promote collaboration in the region to improve the quality of and access to health services.

The breadth of major service types involved in these awards spanned allergy, asthma control, cardiology, dermatology, diabetes care and management, endocrinology, ENT, infectious diseases, intensive/remote ICU, mental health, neonatology, nutrition, OB-GYN, oncology, orthopedics, pain management, pediatrics, pulmonology, radiology, rehabilitation, remote patient monitoring, rheumatology, surgery, and trauma/emergency. The settings of these awards ranged from assisted living facilities, community health centers, correctional institutions, hospitals, hospices, nursing homes, public health departments, physician offices, schools, and non-health institutions.

Accomplishments

Management of the Telehealth Network Grant Program is centered on advancing a cycle of excellence involving grants and program development, evaluation (i.e., learning, analyzing, and developing “best practices”), and policy development. We are proud of our accomplishments in the number of expanded telehealth sites. We have seen dramatic growth nationwide in our Telehealth Network Grant Program, which alone, at 700 sites, provides services in 239 underserved rural communities to a population of 3.8 million. Undeniably, the field of telehealth has advanced. We have seen an increase in informed policy, a change in issues, an evolution in technology, and a diversification in applications of telehealth. We have seen a new community come into being – in part with the resources we provide through our Listserv and annual meetings. We are striving to be an ever increasing vehicle of trust for telehealth knowledge exchange and evaluation promotion. Our seed money gives our grantees a source from which to leverage other funds.

We believe that these continuing telehealth efforts represent a substantial achievement in advancing electronic information and telecommunications technologies in support of health-related services when distance separates individuals and communities.

Conclusion

Thank you for the opportunity to discuss the activities of HRSA’s Office for the Advancement of Telehealth. I would be happy to answer any questions at this time.