

Request for Proposal: Specialty Care Safety Net Initiative - *Linking UC Specialists with Safety Net Clinics*
RFP#: SCSNI-SN-09-01

Award Amount: \$10,000.00 and Access to Telemedicine Specialty Consultation Services

Term of Project: January 4, 2010 through February 29, 2012

October 8, 2009

TO: California Safety Net Clinics

You are invited to submit a proposal for the California Center for Connected Health (CCCH) *Specialty Care Safety Net Initiative* (SCSNI) in accordance with the requirements set forth in the attached *request for proposal* (RFP). For your convenience, the following is a summary description of the project benefits to the safety net clinics participating in the SCSNI:

1. **Access to Specialty Care:** The CCCH will purchase specialty clinic time for telemedicine consultation from the University of California for the exclusive use of the SCSNI designated clinics. As a result, clinic participants will receive increased access to specialty care provided via telemedicine and telehealth technologies in the following: Endocrinology, Neurology, Psychiatry, Hepatology, non-surgical Orthopedics, and Dermatology.
2. **Technical Support:** The CCCH has contracted with a technical support consultant to provide user and patient presentation training and troubleshooting assistance for project implementation and throughout the duration of the project.
3. **Access to CME:** Up to 45 Continuing Medical Education sessions will be tailored to the needs of the SCSNI clinics, and provided via web-based on-demand video streaming in the above mentioned specialty areas.
4. **Participation in a Statewide Effort** to analyze policy and scope of practice impediments to wide spread telehealth adoption by primary and specialty care sites.

The following is a summary of requirements for each clinic participant:

1. Active participation in the SCSNI project by using telehealth technologies to accomplish specialty care consultation with partnering UC specialists in the specialties provided by the project.
2. Allocate physician and medical staff time to select and present patients to specialists according to referral guidelines and established procedures
3. Attend at least 50% of the CME sessions provided by UC specialists
4. Assign a "clinician champion" to oversee the project and participate in quarterly conference calls
5. Allocate "site coordinator" time to coordinate the telemedicine efforts, and to participate in monthly conference calls
6. Allocate "technical staff" time to be available for technical training and ongoing troubleshooting when necessary
7. Provide quarterly reports on telehealth activity

We will hold a non-mandatory pre-proposal conference call for applicants on November 18, 2009 from 11:00am to 12:00 noon. To participate in the teleconference, please RSVP and submit your questions by November 9, 2009. We will attempt to answer all questions, however those received after November 9, 2009 may be answered after the call. Both the RSVP and questions can be submitted via email to Kathy.Chorba@ConnectedHealthCA.org, or by contacting Kathy Chorba at 916-224-7762.

The RFP itself consists of instructions for submitting proposals, as well as a scope of work and other key elements to be included in the proposal. The proposal must be received no later than December 18, 2009.

If you are interested and able to meet the requirements set forth in the RFP, we would appreciate and welcome a proposal. Your time, effort, and interest in the Specialty Care Safety Net Initiative are appreciated.

Sincerely,



Sandra Shewry
President and CEO

Specialty Care Safety Net Initiative

Linking UC Specialists with Safety Net Clinics

Request for Proposals

Introduction: The SCSNI is a collaborative effort between University of California (UC) medical school specialty departments and safety net clinics in California. The initiative is endorsed and programmatically sponsored by the University of California Office of the President, with funding provided by the California Health Care Foundation in coordination with the CA Center for Connected Health (CCCH). The partners in the initiative include the Universities of California Davis, Irvine, Los Angeles, San Diego, and San Francisco campuses and 30+ safety net clinics.

Initiative Hypothesis: Policy, statutory, and practice pattern barriers (beyond the barrier of low or no reimbursement rates for services provided to safety net patients) prevent UC Schools of Medicine from providing specialty care consults to safety net patients. Identifying and removing these barriers is essential to the long-term sustainability of UC based telehealth projects that provide service to safety net patients.

This project seeks to identify these barriers and to make recommendations regarding ways they can be overcome. Such actions may include development of new models of care delivery, changes in reimbursement mechanisms, statutory or regulatory changes, and/or modifications to practice patterns.

Initiative Goals: *End of project:* Action/advocacy agenda of policy, regulatory, statutory and/or care delivery model changes that will increase the financial sustainability of providing telehealth services to safety net patients. *Long term:* A sustainable mechanism by which UC medical school faculty and other providers can offer specialty consultations to safety net patients.

Approach: Through a CCCH supported “laboratory” UC specialists will provide specialty consultation services to primary care providers in CCCH-identified community safety net clinics. The laboratory environment will:

1. Provide access to specialty services for safety net patients via telemedicine and telehealth technologies. Specialties to be offered in this project comprise those services identified by safety net clinics as “high need” and include:
 - a. Dermatology (Pediatric and Adult)
 - b. Psychiatry (Pediatric and Adult)
 - c. Orthopedics (Non-Operative, Pediatric and Adult)
 - d. Endocrinology (Pediatric and Adult)
 - e. Neurology (Pediatric and Adult)
 - f. Hepatology (Adult)
2. Provide education services (through physician assisted patient consults and CME presentations) to the safety net providers,
3. Determine new and innovative ways in which to utilize telemedicine/telehealth and health information technologies to improve the quality, safety and efficiency of specialty care, and

4. Determine what, if any, policies or regulations prohibit wide spread adoption of telemedicine in the University of California and the safety net clinic environments.

Clinic Selection and Implementation Phase 1 and Phase 2: Selection and implementation of the SCSNI clinics will occur in two phases. This is the RFP for clinics interested in participating in Phase 2 of the SCSNI.

During Phase 1 (operational date of Feb 2010) 10 clinic sites that are currently engaged in telehealth activities (with existing telemedicine equipment and telecommunications infrastructure) will be selected to participate in the SCSNI. Each University of California participant campus (UC Davis, UC Irvine, UC Los Angeles, UC San Diego and UC San Francisco) has been asked to nominate three clinics for participation in Phase 1 of the SCSNI. Campuses were asked to nominate clinics that are experienced telehealth providers, have a significant need for the telehealth services provided by the project, and are eligible California Telehealth Network (CTN) participants. *(For a listing of eligible CTN participant sites, please see Appendix C and Appendix C-A at: <http://www.ucdmc.ucdavis.edu/ctn/RFPdocuments2009-02.html>).*

Each UC campus has been asked to nominate partner clinics for Phase 1 implementation in early October, 2009. CCCH staff will visit each nominated site by mid-November to assess technical and operational capability as well as sufficient need for specialties provided by the SCSNI project. Ten clinics from those nominated by campuses will be selected for participation in Phase 1. Status notifications will be sent to all nominated clinics by November 20, 2009. Those clinics not selected for Phase 1 implementation are encouraged to submit proposals for Phase 2.

During Phase 2 (operational date of June 2010) an additional 30-40 clinic sites will be included in the SCSNI. Up to half of these sites will be selected via nomination by UC campuses and at least half will be selected through a procurement process administered by CCCH. Selection criteria for Phase 2 clinic sites will be sites that are eligible CTN participants (refer to website indicated above), have a significant need for the telehealth services provided by the project, and are either experienced telehealth providers (with existing telemedicine equipment and telecommunications infrastructure), and/or possess a strong interest in the project and can demonstrate the ability to participate throughout the term of the project.

All of the safety net clinic sites (up to 50 statewide) will have access to telemedicine specialty consultations from each of the UC hub sites participating in the SCSNI.

Term of Project: Phase 1: January 4, 2010 through February 29, 2012

Term of Project: Phase 2: June 14, 2010 through February 29, 2012

Funding: The CCCH received funding from the California HealthCare Foundation to facilitate University of California and safety net clinic participation in the initiative. Funding includes the following components:

- A portion of the coordination, scheduling, technical support and telemedicine specialist cost at each University of California School of Medicine. (See Attachment A: UC Specialty Allocation)
 - While the Schools of Medicine are expected to bill for services where possible (i.e. patient insurance), the project will allow all patients to be seen, regardless of patient insurance eligibility.
- Technical support for each participating site to include: technology assessment; telemedicine technology training; patient presentation training; and high level ongoing technical support throughout the duration of the project.
- Limited financial support for participating safety net clinics in the amount of \$10,000 for administrative expenses associated with the project scope of work.

- Reserve of \$300,000 to assure the selected clinics have the equipment and software necessary to successfully participate in the project. It is anticipated most of the clinics participating in the project will have existing equipment, or will have equipment provided by the University of California campuses through Proposition 1D funding.

Each clinic is invited to submit a proposal not to exceed \$10,000. For approved applicants, an initial award of \$5,000 will be issued after the completion of implementation training, with the remaining \$5,000 to be issued after successfully completing the first 20 live patient consults, as reflected in the quarterly reports.

Submitting Proposals: We will accept one proposal from each clinic. Proposals must be electronically submitted to info@connectedhealthca.org ON OR BEFORE **December 18, 2009** in Adobe PDF or Microsoft Word format. Please place **RFP#: SCSNI-SN-09-01** in the email subject line. Proposals must include the following:

- Project cover letter signed by authorized representative from the clinic or clinic consortium
 - Cover letter should include the following: application title; managing department information; name and contact information for project representative.
 - The cover letter should also include a statement of interest in and commitment to the project, as well as
 - A narrative description of how this project advances the mission of the organization and fits into the organization's long-term planning.
- Telehealth Assessment Survey (Attachment B)
- Scope of work (not to exceed 4 pages)

Notification and Processing of Awards: Proposals will be reviewed in early December, and sites will be selected for initial screening by January 15, 2010. Site visits will be conducted between February and April of 2010. Awards will be announced in May of 2010, with a formal contract and scope of work to arrive by the end of May 2010. Please see Attachment C: SCSNI Project Implementation Timeline.

Site Visits: CCCH will select up to 50 sites for screening. Technical and operational representatives will conduct one site visit to each clinic between February and May of 2010 for the purpose of assessing operational and technological readiness as well as overall buy-in from the physician and medical staff. Up to 40 clinics will be included in Phase 2 of the project (10 from Phase 1 and up to 30 from Phase 2). Applicants will agree to coordinate the availability of their own IT, medical and administrative staff to facilitate the site visit.

Contact Information: Questions or comments can be directed to:
California Center for Connected Health, Specialty Care Safety Net Initiative
Kathy J. Chorba, Program Director
Kathy.Chorba@ConnectedHealthCA.org (916) 224-7762

Telehealth Assessment Survey:

Applicants must complete the Telehealth Assessment Survey in Attachment B to demonstrate the following:

- the need for the specialty services offered by the Specialty Care Safety Net Initiative
- the willingness to utilize telehealth technologies to provide the specialty services to the clinic's patient population
- the capacity to incorporate telehealth into the practice of the clinic (allocating sufficient physician and coordinator time)
- the existence of telehealth equipment to facilitate telemedicine consultation (current or by February 2010)
- the existence of the technological infrastructure necessary for telemedicine operations (current or by February 2010)
- level of existing telehealth experience

Scope of Work (not to exceed 4 pages):

Proposals will describe how each of the following criteria will be met.


1. Project Oversight:
 - a. Each applicant shall allocate 1-2 high level individuals to oversee the project, provide innovative thought leadership and problem solving services. (i.e., Physician Champion, Administrative Leadership.) The Physician Champion will participate in two to four statewide meetings via videoconferencing hosted by CCCH.
2. Physician Provider Duties:
 - a. Applicant shall agree to make available adequate physician time for patient presentation (live and/or store and forward) to CCCH designated UC specialists via Telemedicine / Telehealth technologies. Clinical services for Phase 1 will begin February 1, 2010, and clinical services for Phase 2 will begin June 15, 2010. Clinical services for both Phase 1 and 2 will end February 28, 2012. Applicant will agree to adhere to Telemedicine Physician Responsibilities outlined in Attachment D.
 - b. Meeting Participation, Project Preparation and Evaluation Process. Each specialty provider must participate in the following activities:
 - i. Adhere to referral protocol for each specialty. Wherever possible, CCCH staff (and partner campus specialty physicians when applicable) will create one standardized referral protocol for each specialty. Please see attachment E: Sample Referral Guideline.
 - ii. Patient presentation training. After notification of award, the CCCH staff will visit each clinic to conduct equipment user and patient presentation training.
 - iii. One Meet and Greet session with campus' specialty physicians will be scheduled within the first three months of the project (scheduled during the noon hours of 5 consecutive days, one day/hr per campus). These sessions will be conducted via multi point video, and may be recorded for on-demand viewing. All sessions hosted by CCCH.

- iv. Quarterly system-wide planning sessions via videoconferencing with the intent of providing feedback to CCCH on policy, regulatory and roadblocks to success, as well as to share success stories with other safety net clinic providers. These meetings, hosted by CCCH will be scheduled for 60-90 minutes for each occurrence.
 - c. Continuing Medical Education. Each specialty at each university shall provide two, half-hour Continuing Medical Education (CME) presentations per year. CME content will be tailored to the needs of the referring sites based on expressed needs of the referring physicians as well as information gathered from the completed telemedicine consults. All presentations will be captured electronically for public access on-demand web-based viewing (arranged and hosted by CCCH). Applicant must agree to complete at least 50% of the 45 CME sessions over the period of the project.
3. Identify an individual to act as “Telehealth Coordinator”. Coordinator duties and deliverables will include the items listed below.
 - a. Coordinate all telehealth activity for all specialties. A sample Telehealth Coordinator job description can be provided by CCCH upon request.
 - b. Process CME paperwork for events attended by medical staff. Paperwork would include registration for events, attendance sign-in sheets, and occasional surveys requesting lecture topics. Submit all necessary paperwork for provider CME sessions and work with CCCH to schedule and advertise events.
 - c. Provide data on costs of providing services. Costs should include provider and support staff time as well as equipment and telecommunications charges.
 - d. Provide basic technical troubleshooting services, and act as liaison to technical consultant for troubleshooting escalation.
 - e. Participate in project meetings and planning sessions (60 minutes each meeting). The clinic coordinator will participate in the following meetings via teleconferencing, hosted by the CCCH.
 - i. Monthly update and strategy planning sessions with CCCH
 - ii. Joint quarterly update and evaluation sessions with CCCH and UC specialty sites
4. Provide Quarterly Project Reports. Quarterly reports will include the following:
 - a. Narrative on progress made, lessons learned and suggestions for improvement.
 - b. Continuing Medical Education activity including primary care provider requests for additional topics.
 - c. Invoice for project services when applicable (e.g. \$5,000 after the completion of implementation training, with the remaining \$5,000 after successfully completing the first 20 live patient consults, as reflected in the quarterly reports).
 - d. Clinic activity Excel spreadsheet which may include some or all of the data listed in the table below. The spreadsheet will be a running report on all patient activity from the beginning of the project through the end, updated each quarter. Data will be collected from both the University and the clinic sites. Please indicate in your scope of work which of the data in the chart below you will be able to provide on a quarterly basis. Final data collection requirements will be specified in the contract agreement with the CCCH.

Referring Clinic Name Referring Provider Name Specialty Requested Specialist Name Specialist Site Name Patient Date of Birth Gender Race/ethnicity Date Scheduled Date of Visit (or date image evaluated by specialist)	ICD-9 CPT Payer Name Amount Billed Amount Collected Denial Code <u>Patient Status:</u> <input type="checkbox"/> Complete <input type="checkbox"/> No-Show <input type="checkbox"/> Cancellation	<u>Disposition of patient:</u> <input type="checkbox"/> No follow-up required <input type="checkbox"/> Follow-up via video required <input type="checkbox"/> Referred to specialty office for visit (could not obtain diagnosis via telemedicine) <input type="checkbox"/> Referred to specialty office for procedure <input type="checkbox"/> Referred to hospital for inpatient care
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Note: Each applicant will agree to its data being collated into a master database to be used by CCCH for analysis and policy change support as well as to be used by UC participating sites to support joint research and publication, subject to IRB approval.

Attachment A: University of California SCSNI Specialties

	Adult	Pediatric	Transmission		UC Davis	UC Irvine	UC Los Angeles	UC San Diego	UC San Francisco
			Live Video	Store and Forward					
Dermatology	X	X		X			X		
Endocrinology	X		X		X				X
		X	X			X			
Hepatology	X		X	X					X
Neurology	X		X		X			X	
		X	X			X			
Orthopedics (non operative)	X	X	X	X	X				X
Psychiatry	X		X					X	X
		X	X			X			

Attachment B: Telehealth Assessment Survey

Specialty Care Safety Net Initiative
Linking UC Specialists with Safety Net Clinics
Telehealth Assessment Survey

Please answer all of the following questions to the best of your ability. Thank you for your participation!

Name: _____ Title: _____

Organization Name: _____

Physical Address: _____ City: _____

Zip: _____ Phone: _____ Email: _____

Tell us about your clinic!

What type of clinic is your facility? (Check all that apply)

FQHC County Clinic Indian Health Clinic Rural Clinic

Other (please describe) _____

Is your facility a Medi-Cal provider site? Yes No

Is your clinic licensed by the California Department of Public Health? Yes No

If No, please explain: _____

What is your clinic/facility's daily visit average? _____

What is your clinic/facility's annual visit average? _____

How many Primary Care Providers practice in your facility? (MD, DO, NP, PA) _____

What is the estimated payer mix of your current patient base?

(Please estimate by percentage of patients for each category)

% Cash % Medi-Cal % Private Insurance % Medicare % Other

Your Anticipated Telehealth Needs:

Telemedicine is defined by the American Telemedicine Association as “the use of medical information exchanged from one site to another via electronic communications to improve patients' health status”. Closely associated with telemedicine is the term “telehealth,” which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.

The Specialty Care Safety Net Initiative is contracting with the five University of California Schools of Medicine to provide increased access to specialty care via telemedicine technologies (live video consultation and store and forward) in the specialty areas listed below. These specialties will be available to your patient population regardless of insurance status throughout the duration of the project.

Based on the current needs and experience of your facility, what would you estimate your monthly referral volume to SCSNI telemedicine specialists to be?

of consults: _____ Dermatology, Adult and Pediatric via Store and Forward

of consults: _____ Endocrinology, Adult via live videoconferencing

of consults: _____ Endocrinology, Pediatric via live videoconferencing

of consults: _____ Hepatology, Adult via live videoconferencing

of consults: _____ Neurology, Adult via live videoconferencing

of consults: _____ Neurology, Pediatric via live videoconferencing

of consults: _____ Psychiatry, Adult via live videoconferencing

of consults: _____ Psychiatry, Pediatric via live videoconferencing

of consults: _____ Orthopedics (non operative) Adult and Pediatric via live videoconferencing and/or store and forward

Please tell us how you were able to obtain the above referral estimate information:

_____ Existing Database _____ Anecdotal Estimate

_____ Other: _____

Your Ability to Commit to the Project:

Continuing Medical Education participation is an important component of the SCSNI. CME lectures will be 30 minutes in duration, and will be tailored to the needs of the referring sites based on expressed needs of the referring physicians as well as information gathered from the completed telemedicine consults. All presentations will be captured electronically for public access on-demand web-based viewing. As a participant, your clinic will be required to complete at least 50% of the 45 CME sessions offered over the project period. Please indicate the number of staff you anticipate will be attending each event.

_____ MD _____ NP/PA _____ RN _____ MA _____ Other: _____

Are the physicians at your facility interested in participating in the Specialty Care Safety Net Initiative as described on page 2 of the Request for Proposal?

Yes No Not Sure

Is your clinic/facility currently and/or willing to commit staff time required to use telemedicine successfully throughout the duration of the project? (Please refer to the RFP scope of work for staffing duties)

Yes No Not Sure – need more information

Is your clinic/facility currently and/or able to commit some of its financial resources to the continuing operating costs required to sustain a telemedicine program? (Costs may include: connectivity, video conferencing time, primary care provider and/or medical assistant time for patient presentation and/or equipment operation.)

Yes No

Is your clinic/facility willing to provide CCCH with non-confidential (no patient identifying data) demographic, financial and utilization reports on an ongoing (monthly) basis?

Yes No

Is your clinic/facility willing to remain in regular contact with CCCH's Specialty Care Safety Net Initiative Director and appointed staff in order to ensure program success?

Yes No

Your Existing and/or Future Technology Infrastructure

To participate in the project, the clinic must be a CTN eligible participant (For a listing of eligible sites, please visit: <http://www.ucdmc.ucdavis.edu/ctn/RFPdocuments2009-02.html> Appendix C and Appendix C-A).

Are you a CTN eligible participant? Yes No

If you currently have telemedicine equipment at your facility, please specify below:

Videoconferencing? Yes No Store and Forward? Yes No

Videoconferencing Equipment Type (e.g. Tandberg 8000): _____

Monitor Make (e.g. Sony): _____ Monitor Size (e.g. 27"): _____

Monitor Type: LCD CRT Plasma

Monitor Resolution: High Definition Standard Definition

Is the unit wall mounted or on a mobile cart? Wall Mounted Mobile Cart

Scope or camera type (e.g. General Patient Exam Camera, video otoscope, stethoscope, please list all types and models, i.e., "AMD General Patient Exam Camera", Welch Allyn Otoscope and Camera):

Are you using ISDN or IP?

ISDN - List Dial-in Number _____

Note: Transmission over the public internet will not be used for this project, except for Store and Forward

IP - List IP Address _____

What bandwidth are you utilizing? _____ kbps Unknown

If you have Store and Forward capability, please complete the items below:

Specialty: Dermatology Ophthalmology

Software used _____ Camera used _____

Are you willing to learn and use more than one type of software for store and forward?

Yes No Comments: _____

If you do not have the existing equipment and infrastructure, but are a designated University of California Proposition 1D site, or if you have plans in place for equipment and infrastructure capability by January of 2010, please check this box and attach an equipment and telecommunications infrastructure narrative to your application.

Are you currently receiving funding, or have you ever been funded by a grant or other source to establish telemedicine at your clinic, and/or to participate in a telemedicine project? _____ Yes _____ No

If Yes, please describe: _____

Are you now or have you ever provided your own funding to sustain your telemedicine operations?
_____ Yes _____ No

If Yes, please describe: _____

If you have previous telehealth experience but are no longer utilizing telemedicine technologies in your practice, please explain the reason(s) below:

What (if any) do you perceive are the barriers to utilizing and/or expanding telemedicine in your facility?
(e.g., connectivity, equipment not working, staffing and/or training needed, specialties needed are not available, billing/reimbursement issues, etc.)

What do you hope to accomplish, both in the short term and in the longer term, by participating in this project?

Attachment C: SCSNI Project Implementation Timeline

SCSNI Project Implementation Timeline		
University of California		
√	Request for Proposal sent to all UC Campuses	7/24/09
√	UC Proposals Received by CCCH	08/26/09
√	UC Sites and Specialties Selected	9/30/09
	Contracts Secured with UC Campuses	11/16/09
	UC Coordinator Training and Specialty Referral Protocol Planning	12/18/09
Phase 1 Safety Net Clinics		
√	Conduct Community Clinic Advisory Panel Meeting	09/11/09
√	Phase 1 Clinic Proposals Due from UCs	10/8/09
	Site Assessment Visits to Phase 1 Clinics	10/16/09 – 11/06/09
	Phase 1 Clinics Selected	11/16/09
	Contracts Secured with Phase 1 Clinics	12/11/09
	Phase 1 Clinic Training	01/04/10 – 01/22/10
	Video Meet and Greet Lunch-hour Event (Meet the specialists from the Universities. One day will be allocated per campus to introduce themselves and their specialties to the SCSNI clinics)	1/25/10 – 1/29/10
	Phase 1 SCSNI Project Launch: services begin at UC campuses and clinics	02/01/10
	Last Day of Clinical Services via SCSNI	2/29/12
Phase 2 Safety Net Clinics		
√	RFP to Phase 2 Clinics	10/08/09
	Phase 2 Clinic Proposals Due	12/18/09
	Site Assessment Visits to Phase 2 Clinics	02/22/10 - 04/23/10
	Phase 2 Clinics Selected	4/30/10
	Contracts Finalized with Phase 2 Clinics	05/28/10
	Phase 2 Clinic Training	06/14/10 – 08/27/10
	Phase 2 SCSNI Project Launch: Immediately following training	06/15/10 – 08/28/10
	Last Day of Clinical Services via SCSNI	2/29/12

Attachment D: Telemedicine Physician Responsibilities

TELEMEDICINE PHYSICIAN RESPONSIBILITIES

Responsibilities for the Specialist will include:

1. For all specialties provided via live videoconferencing, establish and maintain dedicated clinic hours for the project's referring clinic sites. These hours should be posted from six weeks through six months in advance for the purpose of patient scheduling.

Hours should not be changed or rescheduled with less than six weeks advance notice. For all specialties provided via store and forward technology, a policy must be in place to accommodate a 48-hour response time.

2. Patient visit summary letters to include treatment recommendations will be dictated immediately following the consultation. The signed original letter should be sent to the referring physician within 48 hours after the completed consultation.
3. Assure video and computer equipment are in working order and periodically tested.
4. Assure telecommunications infrastructure is in place and maintained throughout the duration of the project.

Responsibilities for the Primary Care Provider will include:

1. Refer only patients with clinical conditions approved by the referral guideline established by the specialty provider, unless prior approval has been obtained by the specialist – this is done on a case-by-case basis.
2. Send all chart notes including required tests to specialty site prior to scheduling consult. (See sample referral guideline in Attachment E. Actual referral guidelines will be sent prior to clinic staff training).
3. Assure proper level of presenter is present during consult, according to guidelines. I.E., Physician, NP, PA, MA, etc. If patient presentation and/or if peripheral equipment training is required, presenter must have completed training prior to patient appointment.
4. Assure video and peripheral equipment are in working order and have been tested prior to consult.
5. Assure telecommunications infrastructure is in place and maintained throughout the duration of the project.
6. Maintain responsibility for follow through with treatment recommendations after the completion of the consult.
7. Should a patient need treatment from a specialist that cannot be accomplished over video, follow existing non-telemedicine referral process.

**University of California
Telemedicine Program Referral Guideline for**

**Adult and Pediatric
OTOLARYNGOLOGY
Telemedicine Consultations**

Clinics for comprehensive otolaryngologic care including otology, head and neck oncology, facial trauma, nasal and sinus problems, sleep apnea, and laryngology. After consult, transcribed notes with assessment and/or recommendations are sent to primary care provider.

Procedures requiring Nasopharyngoscopy

Clinical Condition	Tests prior to Consult
Allergies	RAST
Dysphagia	
Hoarseness	
Neck Mass (Adult-Scope)	
Nasal Obstruction	
Odynohpasia	
Recurrent Epistaxis	
Recurrent Sinusitis.....	Limited sinus CT
Rhinitis	RAST
Sinus Headache	Limited sinus CT
Sleep Apnea.....	Sleep study
Snoring	Sleep study if obstructive sleep apnea is a possible diagnosis

Procedures requiring Otoscopy*

Clinical Condition	Tests prior to Consult
Cholesteatoma	Audiogram
Chronic Otitis Media	Tympanogram
Chronic Tonsilitis	
Halitosis	
Hearing Loss.....	Audiogram
Perferation	Audiogram
Recurrent Otitis media..	Tympanogram
Recurrent Tonsilitis	

*Please have patient's ears cleaned up to 7 days prior to consult

Consultants: (names here)

Appointment Scheduling:

Nasopharyngoscopy
New: 30 min F/U: 20 min
Otoscopy: New: 20 min F/U: 20 min
(Note: patient's ears must be cleaned up to 1 week prior to consult)

Level of Presenter Required:

Primary Care Provider for entire consult

Video Equipment Required:

1. Videoconferencing unit
2. Video Nasopharyngoscope and/or Video Otoscope, with camera and light source

Other Equipment Required:

Tongue blades 4% Lidocaine
1/4% solution Neosynephrine

The following information must be received prior to scheduling an appointment:

1. Telemedicine Consult Request form
2. Recent H&P, and all applicable clinical information from patient chart
3. Condition-specific tests as outlined

The following information must be received 1 working day prior to the scheduled appointment:
Patient Questionnaire

Signed consent form, explained to the patient's satisfaction must be received before consult begins

**UC (campus) Telemedicine Clinic (number here)
Toll Free (number here)
Web site here**