Applicant Name: NEW MEXICO TELEHEALTH ALLIANCE

Project Title: New Mexico Telehealth Alliance Network

Project Type: Sustainable Broadband Adoption

_______________________ Executive Summary _____________________

New Mexico is a very large, rural state. We need to keep our rural communities alive and growing and to slow the migration of youth to more populated areas that offer exciting opportunities. However, to accomplish this and attract new entrepreneurs and small businesses, rural communities must offer three essential things: 1) broadband services, 2) good healthcare, and 3) a good educational system. Great distances between urban areas, coupled with declining populations, make it extremely difficult to deliver technology, health, and other needed services to these largely unserved and underserved communities. No new jobs are created while existing healthcare jobs go unfilled. The result is large gaps in critical services.

The answer is to provide a solid technology base that addresses two key areas: 1. attracts new businesses, offers educational opportunities that fill existing critical job openings in allied health, behavioral health, telehealth, and other careers that sustain our vital small communities, and creates new employment opportunities; 2. Educate the rural population in health and wellness, trains local how to use these resources for wellness, as well as job training, and employment services. As our youth migrate to bigger cities, they leave older generations behind. This older demographic is slower to adopt new technology, yet their health needs could be best served by the health and wellness programs accessed via broadband technology. When taught basic computer skills, older residents take more interest in, and responsibility for their healthcare. NM also needs improved broadband for our healthcare providers who work and live in these rural communities. Providers are isolated due to geography and lack of supportive services, such as continuing medical education (CME) and inclusion in supportive practitioner-oriented communities. We need to attract new providers and the staff they could bring with them. Overall Innovative strategies Traditional approaches to gaining adoption simply have not worked.

The NMTHA believes that the way to make this happen is to bring a critical need to the people of these communities and that critical need is improved health care. This needs to be delivered through connectivity services to rural clinics that need support from specialists in large hospitals, substance abuse treatment support in these clinics and schools, wellness programs delivered at community centers using technology connections to health education providers, and connectivity to developing health information exchanges to assist rural providers in treatment of the residents of the community. It has been our experience in NM that providing this type of support drives an increase in clinical providers and that for each new clinical provider in a rural community twenty six jobs are created, as reported by the NM Health Resources Commission. In addition, early intervention in the behavioral health area help to improve the ability of residents to become a valuable part of the workforce. It also reduces the cost of treatment of residents and improves the overall wellbeing of the community. The NMTHA is working with medical organizations statewide to assist in delivery of these...
services. As part of the Southwest Telehealth Access Grid/ FCC $15 million dollar Rural Healthcare Pilot Project. We are striving to deliver the necessary connectivity to rural clinics to deliver the services. We have established a connection with other BTOP awardees to leverage their programs, like the N.M. Public Library, and the community centers they serve to deliver community based healthcare and wellness education programming. In addition, we are working with the state Department of Labor (Dept. of Workforce Solutions) to coordinate job training and placement for these rural areas as emerging needs continue to grow, eliminate duplication of costs and provide an improved environment for Economic development specialists to have an opportunity to create additional jobs and sponsor new entrepreneurial endeavors. Areas and Pop. served New Mexico is 121,355 sq miles with approx. 15 residents per sq mile (national average is 79.6). These sparse demographics contribute to fragmented healthcare services in rural areas and in some cases, no healthcare services at all. 32% of residents live in rural and frontier communities, making broadband essential to overcome this barrier of distance and lack of services in these unserved and underserved communities. Our population of 1,984,356 is one of the most diverse in the US. '670,403 live in rural areas ' 30 of our 32 counties are frontier communities, which means they have fewer healthcare services than rural areas, and some have no services. '84.5% is white, 44.4% Hispanic, 9.5% Native American; 6.6% is black, Asian, and multiracial combined '18.1% live in poverty '36.5% speak a language other than English at home '17% of residents have a disability Our rural areas have a high percent of elders. The elderly consume 71.2% of state expenditures of Medicaid long-term care for home-based healthcare services. They and their doctors need access to increased broadband that provides telehealth consults so that the myriad of health conditions can be diagnosed and treated at a distance. Many of these patients cannot travel the long distances to urban hospitals and clinics. There are 85 public community centers in more than 85 underserved communities. More than 80% are in rural/frontier areas. Most are operated by nonprofit agencies; all are governed by local boards. These centers serve only 14% of the total NM population and about half of the unmet need. Half of NM adults read at 5th grade level or less, which greatly affects their ability to access, understand and comply with health instructions. Our project will address these and other barriers to quality healthcare and education that plagues our state. Qualifications New Mexico has been at the forefront of telehealth since 1995. It was created by The UNM Center for telemedicine and NM Technet to respond to the ever growing crisis in healthcare in rural NM. The Center for Telehealth (CfTH) at the University of New Mexico, under the direction of Dale Alverson, MD, has been at the lead of these efforts and is a board member of the NMTHA. CfTH was awarded the President's Institutional Award by the American Telemedicine Association for advancing telehealth locally, nationally and internationally. It is a healthcare anchor tenant that supports the business case for private telecommunications investment in unserved and underserved areas. New Mexico Technet is a non-profit technology company that has been introducing new technology solutions to help solve problems in NM since 1985. Through its Exec Dir Terry Boulanger it has been responsible for early deployment of the internet in the state as well as telemedicine networks, computer recycling programs, workforce assessment and remedial programming among other. Sangre de Cristo Community Health Partnership under Exec. Dir. Dr. Arturo Gonzales has been a leader in using technology to deliver behavioral health services and has developed protocols used nationally for clinical and administrative use of this technology. This management team will insure the operational success of this program. Jobs saved or created This project, unlike many others, offers significant partnerships that bring together technology adoption, economic development
and public health arenas to improve community viability and create jobs. Our relationships with federally funded training programs in allied health will allow us to deliver the kind of training the unemployed desperately need. We will leverage USDOL job training programs to assess workforce readiness and deliver training for current job vacancies and fill new jobs as they are created. Our project will tackle the two most important issues among these rural, vulnerable residents: jobs and healthcare. Aggressive marketing strategies and partnerships with these service organizations will help create demand for broadband by educating residents on wellness and health applications. Libraries, schools and community centers will assist with training the unemployed and underemployed while providing them with computer equipment that has been recycled or obtained through special arrangement with computer dealers. We estimate there are 4000 healthcare jobs available in rural areas of the state. We can fill or save about 2000 jobs by partnering with 252 sites ranging from medical clinics to school based health clinics. We will determine which of the unemployed and underemployed should be directed to healthcare training programs. The indirect benefits from H/C jobs will help fill or sustain about 5,000 jobs statewide. $8,600,000