Coming Soon...

Wednesday, Aug 18

All Day	MAKE A SPLASH at The EPVMD Community Pool in Murphys
06:00 PM	Bullying Prevention Workshop
06:00 PM	Red Road to Recovery
06:30 PM	Music in the Parks - Arnold

Thursday, Aug 19

All Day	MAKE A SPLASH at The EPVMD Community Pool in Murphys
06:00 PM	Murphys "Classic Car Cruise Nights"
06:00 PM	Murphys Classic Car Cruise Night, Murphys

Friday, Aug 20

Posted by: Kim_Hamilton on 08/18/2010 02:10 PM
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Governor Launches Nation's Largest Telehealth Network

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MR. BROWN:

All right. Well, once again, thank you, everybody, for being here today. For those of you who I haven't had the pleasure to meet, my name is Eric Brown and I'm the executive director for the California Telehealth Network. It's a pleasure to be with you all today.

We have a fabulous array of speakers for our event this morning beginning with Dr. Jack Stobo. I'm sorry, here's my list here. Dr. Jack Stobo; of course our illustrious Governor Arnold Schwarzenegger, who just joined us; Sharon Gillett from the FCC; Aneesh Chopra, who is our U.S. Chief Technology Officer; Sunne Wright McPeak, who is the president and CEO of the California Emerging Technologies Fund; Margaret Laws from the California HealthCare Foundation; and, of course, Dr. Tom Nesbitt from right here at the UC Davis Health Center.

Not speaking but also appearing today -- it's kind of like a movie note -- will be my co-chair, Dr. Cathryn Nation from the UC Office of the President. And last but certainly not least, Ken McNeely from AT&T. Thank you for being here with us this morning.

We have, I believe, one elected official in the house today and if I pronounce her name properly maybe she'll still like me when this is all over. Assemblymember -- I'm sorry, Galgiani. Thank you. I'm sorry. (Applause) I actually practiced that multiple times and it obviously didn't work, so -- but thank you for being here this morning.

Ladies and gentlemen, we're here today because broadband has really become a critical tool in the delivery of health services in this country. At the California Telehealth Network our vision is to create a California in which no matter where a patient lives in this vast state, from rural Modoc County to areas like South-Central Los Angeles, access to the best quality care should always be available.

CTN will use broadband technology to transform this vision into reality. Today we'd like to share with you how the California Telehealth Network, which we refer to as the CTN, can ensure that clinics in rural and medically underserved communities, often struggling with unreliable and expensive broadband access today, can have access to dedicated medical-grade network to support telemedicine applications like high definition televideo consultations or exchange medical records, x-rays and other information over a secure medical-grade environment.

I want to thank the visionary investors and leaders who put the seed resources into the CTN to help launch this vision, many of whom you'll hear from later. I'd like to start by recognizing the FCC, which made all of this possible with a $22.1 million grant which provides the foundational funding for all of our efforts.

I'd like to thank the California Emerging Technology Fund. Sunne McPeak and her board -- many of her board members are here today -- they stepped up to provide the 15 percent match to the FCC

All Day MAKE A SPLASH at The EPVMD Community Pool in Murphys

05:00 PM Farmers Market, Murphys

05:00 PM Farmers Market, Angels Camp

05:00 PM Newsome Harlow Wine, Entertainment & Movie Night

06:00 PM "B.B. King Blues Festival", Ironstone Amphitheater

07:00 PM ROVER ANDERSON & ROCKY HORROR - AUGUST 20th at Newsome Harlow

Saturday, Aug 21

08:30 AM Valley Springs Farmers Market

10:00 AM Calaveras Big Trees State Park FAMILY DAY

10:00 AM FAMILY DAY AT CALAVERAS BIG TREES STATE PARK

10:00 AM Family Day, Calaveras Big Trees State Park

Until 06:00 PM MAKE A SPLASH at The EPVMD Community Pool in Murphys

02:00 PM Motherlode Wine & Art Festival, Arnold

05:00 PM Shrimp Feed, Murphys

Sunday, Aug 22

grant, $3.6 million. I might note that the CTN is very fortunate to be one of the few participants in the FCC Rural Healthcare Pilot Program to have 100 percent of our buildout costs underwritten by our funders. The Emerging Technology Fund made that possible with their matching grant. And by the way, they also underwrote the costs of the event today, along with the University of California and the California HealthCare Foundation, so thank you.

A big thank you to the University of California, my alma mater -- UCLA '82, hey -- which serves as the host and managing agency for the CTN. To Dr. Stobo and Dean Pomerory, thank you for hosting us today, such beautiful facilities.

Thank you to my co-chairs, Dr. Cathryn Nation from the Office of the President and Dr. Tom Nesbitt from UC Davis for their leadership of the CTN during these early stages. The CTN would not be here where it is today without the resources, the expertise and the hard work of the Office of the President and the UC Davis team who took this task in a manner few if any organizations in this great state could. Thank you for taking that on.

We're also supported by UnitedHealthcare, which has pledged over $5 million to our efforts to enable the CTN to provide connections to providers that generally are not eligible for many of the federal support programs but still provide critical safety net medical services in rural and underserved communities.

I'd like to thank Margaret Laws and the California HealthCare Foundation, which has also pledged $2 million to the CTN, as well as for their support of one of the first services that will actually ride on the CTN, the Center for Connected Health Policy Specialty Care, Safety Net Initiative. I can say that but I couldn't pronounce the name earlier -- which you will all hear about later.

The CTN also receives support from the California Public Utilities Commission through the California Teleconnect Fund, which is providing a match of 7.5 percent on monthly reoccurring revenues. And the National Coalition for Health Integration, led by Patrick Soon-Shiong, who could not be with us today, has also pledged $2 million in support.

And thank you as well to all of our partners represented on the CTN Advisory Board. If time permitted I would name you all individually but know that your collaborative efforts and support are greatly appreciated.

I want to recognize our technology partners at AT&T; president of External Affairs for California, Ken McNeely, is here with his team. We look forward to starting on this journey with you today as we activate our first sites. They provide the forward-thinking platform that will allow the CTN to provide services to these sites in a secure network that many believe should be the model architecture for similar programs elsewhere.

Finally I want to thank our CTN sites and providers, some of whom are in the house today. We appreciate your faith in us and we take seriously and look forward to supporting your needs.

At this time I'd like to bring up our host institution representative Dr. John Stobo, University of California senior vice president of Health Sciences and Services. Jack? (Applause)

DR. STOBO:

Thank you very much, Eric, it's a pleasure to be here. And on behalf of the University of California and President Mark Yudof, it's a pleasure to welcome you all here to this launch of the California Telehealth Network. We are especially honored to be joined this morning by California Governor Arnold Schwarzenegger, U.S. Chief Technology Officer Mr. Aneesh Chopra and our distinguished California Telehealth Network partners and colleagues who have worked together to make this vision become a reality.

The University of California operates one of the largest health sciences educational programs in the nation and one of the largest healthcare delivery systems in the state of California. An integral part of UC health involves a longstanding commitment to public service and activities that benefit all who reside within California. The California Telehealth Network is an extraordinary example of such efforts and a great example of what is possible when state and federal partners join together with leaders in technology, healthcare, higher education and business in efforts to improve the quality and access to healthcare.

The development of the California Telehealth Network has been made possible by a $22.1 million funding from the Federal Communications Commission, one of the largest awards made by the FCC, as part of its Rural Healthcare Pilot Program. The California Emerging Technology Fund, as you heard, also provided a very important matching grant of $3.6 million. Other partners have made substantial contributions to the California Telehealth Network and will be acknowledged later in the program.

At full buildout the CTN will function as a statewide, medical-grade network offering quality, security

All Day 54th Anniversary Celebration, Murphys Historic Hotel

12:00 PM Fireman's Fun Day, Angels Camp

03:00 PM Sunday in the Park

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and privacy for health related purposes. Of particular importance to California's rural communities, the California Telehealth Network will enable the expansion of telemedicine services that will help bridge the distance between healthcare providers and the many sites throughout the state which have little or no access to healthcare.

As many of you are aware, the University of California was asked by Governor Schwarzenegger in the spring of 2007 to lead this initiative on behalf of the state and to work together with a broad coalition of partners to make this effort successful. His vision of making California the national leader in the adoption of broadband technology, including telehealth, is a major reason that we're here today. He also had the vision to fund the state-of-the-art facilities now being built throughout the state in which this wonderful technology to practice telehealth will be utilized, including a new building constructed across the street from where we are today.

Before turning the podium over to the Governor I would like to thank vice chancellor of the UC Davis and the School of Medicine dean, Dr. Claire Pomeroy, for her leadership and for hosting this event and for her commitment to advancing the goals of the CTN.

I would to also acknowledge the important work and leadership of Dr. Cathryn Nation, associate vice president for Health Sciences in my office and Tom Nesbitt, associate vice chancellor for the UC Davis Health System. This wouldn't have happened if it weren't for Cathryn and Tom, so thank you very much.

It is now my distinct pleasure to introduce the Governor of the state of California and to thank him for his vision and personal commitment to this major statewide initiative. Governor? (Applause)

GOVERNOR SCHWARZENEGGER:

Well, thank you very much, Dr. Stobo, for your passion about this subject and for your great, great work here for our university system. Thank you very much. Eric Brown, thank you for being here today, who is, of course, the executive director of California's Telehealth Network and Teri Takai, our CIO and the genius of really upgrading our IT system in California. And then Aneesh Chopra, the United States chief technology officer, we want to thank you for being here today and traveling all the way out here and being such a -- (Laughter) Being such a great, great partner in this whole project and contributing so much money to this. (Laughter)

But today I'm very happy to be here because we are celebrating the future of medicine, also known as telemedicine. I think it's great to do that right here from California because we, of course, are number one and show the world in so many areas on how to do it.

But I think that this subject of telemedicine falls into two categories that I'm very passionate about: One is infrastructure and then the other one is healthcare reform. And I think in infrastructure, a lot of times we think of, you know, pouring cement, laying steel, brick and mortar and those kind of things, like tunnels and bridges and building schools and university buildings, high-speed rail and all of those things. But here we are talking about the digital highway, broadband. That's also infrastructure and very important infrastructure.

And it was part of my vision when I became governor of the great state of California and I said we've got to start rebuilding California. There's so much work that needs to be done in so many different areas, including in technology and to have broadband all over the state of California.

So that's why in 2006 we created the Broadband Taskforce. Our state was already the world leader in technology, so it was only a matter of time to also be the leader in healthcare technology. My dream was to build broadband networks all across the state of California so that everyone could consult the best and the brightest medical experts. And of course, you know, this university here is very fortunate to have some of the top in the world.

But not everyone in the state of California has this access. It should not be a matter of how rich you are or where you live. I think everyone ought to have this kind of access. There are some people that are fortunate enough to live right next door here, or that live next door to UCLA or USC or Stanford University or those great kinds of hospitals with this great medical care. But not everyone is that fortunate. And through technology you should be able to get help anywhere at any given time, especially in an emergency when lives are hanging in the balance.

And so I think in the most remote areas in California we should be able to do that and now, because of the broadband, we can. I've seen this whole thing in action time and time again where patients sit in front of the camera and talk to doctors who can do everything from looking over your medical records, check blood work or observe symptoms and find lifesaving solutions.

We included $200 million in our infrastructure package. As you know, since I have become governor we have gotten the legislature and also the people to approve $60 billion in infrastructure in the state of California, to invest in infrastructure and this $200 million was I think money wisely spent, or wisely invested, I should say, in the Strategic Growth Plan.

California will train the next generation of doctors to practice medicine using the latest in high technology. In fact USC -- UC Davis, I should say -- is now building a 52,000 square foot facility, an office building where they will just do that. As a matter of fact it was just pointed out to me outside there. It's almost finished, or it is finished, so I'm looking forward to coming to the opening of that building also.

We are also interested in creating, of course, secure infrastructure for electronic medical records and prescriptions. A lot of people are not aware of it but there are 1,000 people a year dying in California of just someone misreading a prescription or not having the total medical records and so on. So this is inexcusable. We are changing that and reducing errors and saving money at the same time.

And of course we have worked with the Federal Communications Commission and other partners in order to get this done and again I want to say thank you to the federal government for being such great partners in that.

I think this is going to be really terrific, because when you think about that there will be -- this is one of the first two that are being built but there are 900 of them coming all over the state of California. I mean, think about health clinics where people will get free healthcare. They will be able to sit down in front of a camera, in front of a screen where they can talk to a doctor, to a top expert in whatever area it is.

I think that telemedicine is going to be the future of medicine and I think, like I said earlier, this is also because it deals with healthcare reform. Healthcare reform during the whole debate, the debate we had here in California and also on the national level, was all about how do we provide healthcare for everybody and how to make it affordable and how do we make sure that no one gets turned away and everyone has the chance. Well, with telemedicine everyone will have the chance to get equal care and that is the important thing.

And I think that this is all something that started right here at UC Davis. UC Davis has had an incredible team working here on this. And let me just tell you, these are some of the most creative and innovative minds in the world. I'm really proud of all of you here at UC Davis for the extraordinary work that you have done and are doing every day and the passion that you have for making people healthy and delivering that in the most effective way. I know that we would not be as far along if it weren't for all of you, so I think that you are showing to the world how it is done. I'm very happy about that.

And of course UC Davis has done 25,000 teleconsultations or video consultations on every subject of pediatrics and dermatology, infectious diseases, cardiology or whatever area it is. Now we will be able to do the same thing all over the United States and all over the world, hopefully, down the line. Every day in California we will be improving lives and, because of that, we will be saving lives. So again, California is showing the way.

Thank you very much and thank you for all of your great, great work. Thank you. (Applause)

MR. BROWN:

Thank you. Thank you, Governor and thank you for being here today. We'll bring you up later for the official activation. At this point I'd like to bring up Sharon Gillett, chief of the Wireline Bureau at the Federal Communications Commission. (Applause)

MS. GILLETT:

Thank you so much, Eric and thank you to Governor Schwarzenegger for your visionary remarks and leadership. I'm so pleased to be here on behalf of Chairman Genachowski, who has made improving delivery and access to healthcare for all Americans a top priority of the FCC's broadband agenda. And I'm delighted to join so many leaders from state and federal government, including my colleague Aneesh Chopra, industry, academia, for the launch the California Telehealth Network, which is made possible by a commitment of up to $22.1 million from the commission and a $3.6 million matching grant from the California Emerging Technology Fund.

The success of broadband and healthcare agendas depends on public-private and federal-state partnerships, with all of us working together. This project and this event are perfect examples of how things work out so well when we do that.

In March, at the direction of Congress, the FCC released a National Broadband Plan and it included a major focus on the power of broadband to modernize the delivery of healthcare. The plan is a great blueprint but it tells us we have a lot of work left to do, because 14 to 24 million Americans are unserved with broadband today and, of those who are served, 80 million have chosen not to adopt broadband. There are particular challenges -- these statistics as well as lack of infrastructure for healthcare providers pose particular challenges, because when a rural healthcare provider lacks sufficient bandwidth and reliability they can't take advantage of the kinds of advanced applications,

capitalize on the benefits of telemedicine, electronic health records and so many other capabilities and that's why today's announcement is so important.

Just to give you a flavor for this, we did some assessment for the National Broadband Plan and discovered that only 8 percent of Indian health service centers have access to the broadband they would need to deliver advanced healthcare to their patients. There are crying needs out there for the infrastructure and the services that ride over it.

But luckily this is an area where we're not starting from scratch and we're so pleased to see the CTN coming online as part of the Rural Healthcare Pilot Program. The FCC launched the pilot program in 2007 to support on a one-time basis construction of a limited number of broadband healthcare networks in areas where existing infrastructure was lacking or insufficient.

The CTN is one of the most significant projects supported by the commission and I'd like to congratulate everyone involved in the project for their collaborative and cooperative spirit that led to their qualifying for up to $22.1 million in support from the FCC. In particular I congratulate Eric Brown as the new director of the CTN. He tells me he's been on the job 90 days -- I think that might be 90 long days. And I also commend Dr. Nesbitt's leadership in getting CTN to this great day.

Thank you for your vision and your leadership. We learn from working with trailblazers like you and we're now prepared to next step, to move beyond a pilot program to support this kind of work on an ongoing basis. You showed us it could be done; now we want to keep doing it.

On July 15th the FCC proposed for public comment new rules for its ongoing Rural Healthcare Funding Program based on what we have learned through the pilot program. Specifically, we're seeking comment on establishment of a health infrastructure fund and a health broadband services fund to meet the current infrastructure and service needs of rural healthcare institutions.

The proposed rules would have real impact on communities across the country, including up to 12,000 hospitals, clinics and other rural healthcare providers, over a 20 percent increase over the current program. It would expand investment in broadband for medically underserved communities across the country. It would spur private and government investment in networks as well as innovative health-related applications and create jobs that range from building infrastructure to developing and implementing health IT solutions. The comment period is open now and runs until September 23rd and we welcome your input.

So in closing, I can't commend enough California for its leadership in healthcare and broadband, to congratulate you again on the announcement. The FCC is committed to improving the lives of Californians and all Americans by connecting them to broadband-enabled health services and we look forward to working with you as the CTN project progresses. Congratulations.

Now it's my pleasure to introduce Aneesh Chopra, who is the U.S. chief technology officer and special assistant to President Barack Obama. (Applause)

MR. CHOPRA:

Thank you so very much. And Governor, it's my pleasure to join you today as we celebrate your vision and, frankly, the fact that intersection occurs at the passionate areas you've identified for broadband and in healthcare.

My passion for these two areas surfaced literally months on the job when I served as Virginia's secretary of technology. I had the pleasure of visiting our flagship academic medical center at the University of Virginia and I met with Dr. Karen Rheuban, who runs Virginia's Telemedicine Center. And in the preparation for my visit she came to the clinic a few minutes early and received an urgent phone call and a telemedicine consult request from a rural hospital in Lynchburg, Virginia. Literally minutes before I arrived she was able to diagnose a heart condition on this young child, literally born just that day, was able to identify the need, bring that child into UVA for immediate surgery, save that child's life. The passion we have for broadband in healthcare is tangible, it's real and I think it's going to have a big impact here in the state of California.

I had the pleasure last fall of joining President Obama in New York for the celebration of his Strategy for American Innovation, a strategy that looks beyond our current challenges in the economy to think about long-term economic growth and a future of sustainable jobs and growth.

The president at that time outlined a framework that has three relevant points for this discussion today:

The first of those is that we must have not only traditional infrastructure but, as the Governor has outlined, advanced information technology infrastructure to be the foundation for that long-term economic growth. This network will provide that foundation in our healthcare system. And by the way, we think of that foundation not just being the wired network that is going to be traversing the state but also the emerging capabilities in the wireless domain, as the president has called for a doubling of the amount of available commercial spectrum for mobile broadband purposes. A number of

healthcare applications will ride on the ground and in the air and they will be experimented here.

The second key principle for this group is to think about how we build an entrepreneurial ecosystem here within this California Telehealth Network. How do we develop the innovative applications and strategies that will spur reductions in healthcare costs and improvement in care quality for all walks of life, as the Governor had outlined?

And third, perhaps most important as we look to build the healthcare system of future, how do we catalyze scientific and technological breakthroughs that we can't even imagine, that are available today? How might we think about data in new and creative ways to identify what works and what doesn't work in our nation's healthcare system? You will be at the infrastructure, at the applications innovation and at the scientific and technological breakthroughs intersection through this program.

A final observation is what I want to celebrate, which is the model by which you come together. That model is the spirit of collaboration that is a mixture of top-down investments from Washington but bottom-up entrepreneurial spirit that comes out of each of the sites that are going to be thinking about how they will leverage this infrastructure to advance our healthcare system. Top-down, bottom-up, public sector, private sector, nonprofits. You will form the model for the country in that ecosystem.

Thank you for your time. It's my pleasure to bring up Sunne Wright McPeak, president and CEO of the California Emerging Technology Fund, who will provide for you some hopefully words of wisdom on how the private sector helped to make this possible. (Applause)

MS. McPEAK:

Thank you. Thank you, Aneesh Chopra and thank you for being here as well as your wonderful words of wisdom and that very kind introduction.

Indeed I have a passion for public-private partnerships. I've been at it for four decades and we're still trying to get it right in California. But we are. And on behalf of the California Emerging Technology Fund I want to say that we are so pleased and thrilled to be a partner in the California Telehealth Network. This is indeed a very auspicious occasion that the switch is going to get flipped.

But even more important than the fact that the network is going to come alive and you're going to see the power of bringing technology to the delivery of healthcare, it is important to us that we have that partnership and all of the players at the table, because the frontiers and horizons that we face in terms of keeping people healthy and having a healthier population requires all of the partners to be at the table.

And so the California Emerging Technology Fund is actually something that was directed to be established by the California Public Utilities Commission -- thank you, Commissioner Simon -- and the seed capital came from AT&T and Verizon. Thank you, Ken. They gave at the office, is how they sort of view this. They voluntarily agreed. But with their $60 million our job is to close the digital divide. With the investment we're making in the California Telehealth Network their dollars are being leveraged fivefold, literally, beyond what any one company might be able to do on their own and that's why we put together the partnership.

I am joined here today by a director of the California Emerging Technology Fund, Barb Johnston, whom I want to recognize because, Governor Schwarzenegger, when I was working for you -- and I'm still working for you. I feel like I'm working for you daily.

GOVERNOR SCHWARZENEGGER:

(Inaudible) working for you. (Laughter, applause)

MS. McPEAK:

And you and I both work for the people. (Laughter) When I was serving in the Governor's Cabinet Barb Johnston did a seminal report for the Cabinet on the importance of broadband. And that became one of those documents that also the PUC relied on to say we should help capitalize the California Emerging Technology Fund and the California Telehealth Network.

So just imagine the power that you're going to see demonstrated here today and think about Earl Ferguson could be practicing in his hospital in the high desert and in fact is faced with an emergency trauma patient in an accident on 395 and that he can have immediate access to UC Davis, UCLA, Stanford, Loma Linda, in terms of treating that patient with absolutely the best medical expertise in California -- in fact, probably in the world.

Or think about in San Diego we've got two health centers that serve the Native American populations, one in north county, one in south county, very remote. There are 12 family health centers, there are seven Clinicas de Salud del Pueblo in remote Imperial County having no immediate access to specialty care. And instantaneously, with the California Telehealth Network, they can have access to the

physicians that are in this room, the new physicians who are being trained, all of the expertise that we can marshal in this grand state.

We know that the reason that the FCC had the vision to pursue the Rural Health Pilot was to bring access to those in underserved communities and in California underserved rural and underserved urban look pretty much the same in trying to get access. But beyond that, as soon as you have access to the best expertise, you now have quality healthcare improvements and real time the data to actually control costs, because we practice to improved outcomes. And Barb is nodding her head. I've got it right. Because she would also then say the data shows that with telehealth you can reduce by about 40 percent the costs of follow-up care and overall at least 6 percent.

So this is a grand day that we're just going to celebrate the partnership and then we will understand it's a rededication to achieving the vision of all the partners in this room. And one of those partners that was here a lot longer, before the California Emerging Technology Fund ever was on the scene, is the California HealthCare Foundation and you're going to hear about the services that will run on this digital highway to help our digital docs get to all of our patients.

And by the way, we envision ultimately to the home. There are 12 million Californians still not connected in their home and if we can get broadband to every Californian then they can also help monitor their own healthcare. And that's sort of the vision that also the California HealthCare Foundation has brought to this endeavor and I get the pleasure of introducing their director of Innovations for Underserved Populations -- now, there's a title -- ladies and gentlemen, Margaret Laws. (Applause)

MS. LAWS:

Thank you. I do have a great title, I'm often told that. I'm here on behalf of the California HealthCare Foundation today and we're really proud to be a funding partner of the CTN. We see our participation as an investment in the infrastructure we need to achieve our mission of lower cost, accessible healthcare for everyone in California.

We're also really excited, as a couple of the previous speakers have pointed out, to be launching what will be some of the first services to operate across the CTN. Through the Specialty Care Safety Net Initiative, which is being funded by CHCF and carried out by the Center for Connected Health Policy -- many of the staff are in the audience today and can talk to you a little bit more about this project -- we're using the healthcare superhighway, the CTN, to connect 40 clinics and rural hospitals, who serve low-income Californians, with the world-class medical resources of all five of the UC campuses. It's a really exciting project where we're hoping to not just provide services to people but also to think about reimbursement changes and policy changes that can make these services sustainable and continue to meet the needs of low-income Californians.

The SCSNI, as we call it, uses the CTN to connect providers via video, via data and via image transfer to allow for collaboration that can dramatically improve healthcare to low-income populations around the state, both rural populations and, as several speakers have pointed out, the remote urban populations who often don't have access. People can wait for up to a year for a specialty consult in many of our underserved urban areas.

Consultations are being provided in eight specialties from dermatology and ophthalmology to neurology and psychiatry. The applications are saving sight, they're saving lives and they're allowing people to receive world-class care in their own communities, wherever they live in the state of California.

We really believe that the CTN can be a model for the nation, a collaborative public-private partnership -- hundreds of organizations have participated in bringing this project to life in California -- and we think that it can allow us a platform to innovate, do what we want to try to do at the California Healthcare Foundation, innovate for the underserved to make technology-enabled healthcare reform a reality.

So it's been an exciting path, it's been a long path and I'm looking out at the audience and seeing many of the people who have come down it alongside me. But I'd like to introduce now Dr. Tom Nesbitt, associate vice chancellor for Strategic Technologies and Alliances for the UC Davis Healthcare System. Tom has shown incredible leadership in designing the CTN, nurturing it and really helped get it off the ground and I'm really proud to introduce Tom and turn this program over to him. (Applause)

DR. NESBITT:

Well, thank you very much. It's really an honor to be up here. And again, I want to thank everybody who has spoken before me.

We want to now introduce you to some of the people at the first CTN sites that are going to directly benefit from the two programs that we're celebrating today. And in fact, these people are already participating in the Specialty Care Safety Net Initiative.

On the screen at Oroville Hospital you can see Dr. Maria Alino and the mother of her patient, Darla Carias. At UC Irvine Medical Center you can see Dr. Ira Lott as well as Dr. Gail Fernandez and at CommuniCare Salud Clinic in West Sacramento we have Dr. David Katz. And again, all these sites are participating in both projects.

I want to start with Dr. Alino in Oroville who, because of the specialty Care Safety Net Initiative, was able to get two different pediatric consults for her patient without the patient ever leaving town. One of those consults occurred at UC Irvine and one of those consults occurred at UC Davis.

Dr. Alino, do you want to tell us real briefly about that experience?

DR. ALINO:

Sure. And thank you for letting us share our telemedicine experience with you. As a practicing pediatrician in a rural area, telemedicine has afforded us a great opportunity to access specialists and network with them. I feel so isolated and hopeless when I see a sick baby in the nursery or in the emergency room but I know with telemedicine a specialist will be there to help me assist the patient online and actually give me real-time suggestions on how to manage the child. We are also one and a half hours away from UC Davis, so in terms of logistics for transportation, just to keep an appointment, it's very hard for families, especially indigent families, to keep an appointment.

Telemedicine has afforded -- an example are the family of Anthony here, who has been serviced by telemedicine. Anthony is a four-year-old child who at two years old Mom has noticed to be very hyperactive, inattentive and impulsive. Because of the escalating problem causing Anthony to be endangering himself and other children, at four years old Darla brought the child again to me. And because of Anthony's age -- he's just four years old and he also has problems with prematurity at 27 weeks old and developmental delay -- I did not feel comfortable about taking care of Anthony.

So with telemedicine I actually was able to get Dr. Fernandez from UC Irvine, who is a psychiatrist, to help diagnose and manage Anthony. And within one week we were able also to get Dr. Chitnis from UC Davis, who is a neurologist, to help me manage Anthony. So I think this is great medical service for a rural center like me and it was just because of telemedicine that made it worthwhile.

So here's Darla, Mommy of Anthony.

MS. CARIAS:

Hi. Basically, there are not specialists that Anthony needed around here, so this has really helped us because he wouldn't have gotten the care that he needed. And we still have -- you know, we still have a ways to go but they've helped a lot. They spent a lot of time with us on the telemed and Anthony interacts well with it, so it's been really good for us.

DR. NESBITT:

Well, that's great. Well, I'd like to bring up Dr. Chitnis, who you heard about and you can just say hello to your patient's mother.

DR. CHITNIS:

Hello, Dr. Alino. How are you, Darla?

MS. CARIAS:

Hi, nice to see you again.

DR. CHITNIS:

Thank you for coming here today and expressing your thoughts. I'm really happy that we were able to help you through a telemedicine clinic through UC Davis. Thank you for coming.

MS. CARIAS:

Thank you.

DR. CHITNIS:

See you soon.

DR. ALINO:

And we'll continue using you.

DR. NESBITT:

Thank you very much. (Applause) As I also mentioned, we have Dr. Fernandez at UC Irvine on video with Dr. Ira Lott. Dr. Fernandez, as you've heard, is a pediatric psychiatrist and Dr. Lott directs the telemedicine program at UC Irvine.

But at this point I'd like to just see if Dr. Fernandez has any comments about this case.

DR. FERNANDEZ:

Thank you. Thank you for inviting me. Hello Darla, hello Dr. Alino. So I think telemedicine will be a highly valuable resource for child psychiatrists. We're a highly underserved specialty with less than half of the needed psychiatrists right now and that's supposed to worsen. Telemedicine will allow us to see people in remote areas. We even have trouble with access to care in urban areas such as Orange County.

In the case of Anthony, I was able to make some recommendations regarding medication and also some access to services through the school district and some guidelines on how to receive those services, because I felt that he needed more of a spectrum of care from several different types of care, so that he would succeed.

So I'm hoping that he continues to make progress.

DR. NESBITT:

Great.

DR. FERNANDEZ:

Thanks.

DR. NESBITT:

Thank you very much. Well, Dr. Alino, thank you for all your good work that you're doing up in Oroville and we wish the best for you and for Darla and your family we wish the best. So thank you.

I want to turn it over now to Dr. Lott, who I understand saw a patient last Wednesday, actually, at CommuniCare Salud Clinic in West Sacramento. I'd like him to tell you a little bit about that visit, very briefly.

DR. LOTT:

I had the privilege of doing a neurology consultation for Dr. Katz at the Salud Clinic. This is one of about 5,000 consultations that we have been able to render by telemedicine here at UC Irvine over the past 10 years for clinics that are 150 to 300 miles away. We've also published on certain aspects of the reliability of the neurological exam. So all of us are convinced that this vehicle of telemedicine is a valid way to render medical care. It also gives us an opportunity to work with the primary care doctor in regard to the examination and in the follow up of the patient.

From the specialist's standpoint the only problem that we have had has been the quality of the video transmission, particularly with movement. We find that there is some decomposition of the image with movement.

So today, with the launch of CTN, we are very excited to hear that this problem will be solved and it will allow us to carry out a telemedicine consultation with high quality and high definition, which is exactly what we need. Thank you.

DR. NESBITT:

Great. Thank you very much. Dr. Katz, do you want to say a few words?

DR. KATZ:

Yes, I'd like to express our appreciation at CommuniCare. We're a community clinic in Yolo County, we have three sites for CTN and telemedicine. It's really been wonderful to be able to get access for our patients to specialists such as Dr. Lott. Our patients sometimes have trouble getting appointments for months and months with a neurologist such as Dr. Lott and telemedicine has given us the access that will help these patients.

Also, we are a teaching site for the university and the medical school and we have used telemedicine to help our medical students who are working at our site and learning to continue to get teaching from the professors and very skilled physicians at the University Medical Center. So we have an educational

benefit for the medical students and residents who come to our clinic.

And finally, I personally found great benefit working with Dr. Lott on this neurology case and felt I improved my neurology diagnostic skills by watching him work. So it's a win/win situation and we're looking forward to continuing this collaboration.

DR. NESBITT:

Well, great. Well, thank you very much. And we appreciate all of you participating. (Applause)

Finally, I just want to say a quick word about one of the issues that Dr. Lott spoke about and that's the quality of the video. Now, video quality is important in every kind of consultation. In neurology he talked about why it's important. But it's particularly important in an emergency, when you're providing emergency care.

And I'm going to show you a video that just happened to occur a few days ago, actually, that we were able to capture with one of these emergencies that happened in the north part of the state. It is a little bit of a raw video because we captured it just recently but this is a child who was involved in a motor vehicle accident. We actually have the film of the paramedics at the site. They bring the child to Mercy Medical Center in Redding and receive consultation from one of the doctors in the audience, Dr. Jim Marsen, on medications. They reviewed the CT scan together and also you'll see how easy it was to do a follow-up visit for Dr. Marsen on that case. So why don't we roll the video?

(VIDEO)

DR. NESBITT:

You can see he's panning to look at the monitors. He can look at things in the room. Our doctor can control it. And you'll see very dramatically the skull fracture.

(VIDEO)

DR. NESBITT:

This is his follow up. He just goes down the list.

(VIDEO)

DR. NESBITT:

Great, thanks. (Applause) So finally, one of the ways to assure adequate bandwidth for that high quality video is to put in a gigantic pipe but that would be like building 50 lanes on a freeway and it's just not practical to do that.

With the technology of the California Telehealth Network we're going to be able to prioritize packets that make up the video stream that will allow us to have this quality of service. And for telemedicine consultations this will be the equivalent of a diamond lane with an ambulance going down it with those packets in it that will make sure these emergency consults are seen very clearly and we don't have any degradation of the signal.

So with the CTN we're not only going to be able to provide affordable broadband to clinics and hospitals in rural and underserved areas but we're going to be able to assure this quality of service with explicit privacy and security leading to higher quality telemedicine throughout the state.

And now I'd like to bring back to the stage Eric Brown to finish the event. (Applause)

MR. BROWN:

Thank you, Tom. I tell you, it's not about bits and bites and numbers on a page when you see those episodes. That's why I come to work every day, it's fantastic.