

From the Feds...

OAT: Giving High-Tech Ideas the Human Touch

By Dena S. Puskin, Sc.D., Director, Office for the Advancement of Telehealth

In case you haven't heard, I'm wearing a new hat these days. In the past, I came to you in this column through my work as Deputy Director and Acting Director of the Office of Rural Health Policy (ORHP). Now, there's a new title attached to my name: Director of the Health Resources and Services Administration's Office for the Advancement of Telehealth, or "OAT," as it has become more commonly known.

Big changes at HRSA, huh? Yes, but in a good way. The creation of OAT is proof positive that success begets success, at least when it comes to telehealth and rural health. We learned a lot about telehealth during the past 11 years at the Office of Rural Health Policy, both in terms of clinical care and distance learning.

Dr. Earl Fox, the HRSA administrator, saw what these technologies could do for isolated, rural areas and felt we were just scratching the surface. He has a vision that this technology can help link HRSA to its grantees — the community health centers, the AHECs, or the Ryan White and Maternal and Child Health programs — just to name a few.

The switch from ORHP to OAT doesn't mean less for rural areas; it means more. By using technology to link together HRSA's many different programs, we can bring more resources to rural communities. OAT will serve as a focal point for putting information technology to work across the agency's programs, all of which touch rural areas in some way.

Competitive and merit-based, OAT's Rural Telemedicine Grant Program promotes rural providers' use of advanced telecommunications technologies. The next grant cycle will be announced next winter. For more information on OAT, go to <http://telehealth.hrsa.gov> or contact Lynn Morris at 301/443-0148 or via e-mail at lmorris@hrsa.gov.



Dena Puskin: "Here at OAT, we're looking to take high-tech ideas — and give them the human touch."

Consider the possibilities:

- OAT working with the Bureau of Primary Health Care to develop educational video programs to help physicians in community health centers learn more about the emerging threat posed by Hepatitis C.
- OAT developing CD-ROM products to educate rural physicians about new treatment options for HIV/AIDS patients.
- OAT working with the Bureau of Health Professions to promote distance learning and remote mentoring of health professionals.
- OAT working with the Bureau of Maternal and Child Health to use telemedicine networks to provide clinical care for children with special health care needs.

In essence, OAT will be a resource for the entire agency and its many programs by trying to match the right technology to the right need. Sometimes the rush of new technologies can be dizzying. It will be OAT's job to sift through these new developments and help find out what works and what doesn't. After all, the snazziest technology in the world does no good if it doesn't improve people's care. It has to have the human touch.

At the same time, we'll still be involved heavily in traditional telemedicine activities through our grant programs (we're holding a new round for FY 2000), as well as working with the HRSA bureaus to create a network so the agency can more effectively reach grantees through distance learning and other information strategies.

We'll serve as an information broker and facilitator among the various private and public sector partners in the larger telehealth field.

During the past few years, I've chaired the Joint Working Group on Telemedicine, a federal interagency task force that seeks to coordinate telemedicine policy across the government. Our office will continue to staff that group, which in 1997 produced a widely read telemedicine report to Congress.

We're also working with the Health Care Financing Administration as it makes recommendations to the Secretary of the U.S. Department of Health and Human Services on ways to improve the regulations for Medicare reimbursement of telehealth services in rural health professional shortage areas. We'll also continue to work with the Federal Communications Commission and the Universal Service Administration Commission (USAC) board as they seek to reduce telecommunications costs for rural providers.

So while things like organizational charts may have changed, HRSA's commitment to using the latest in telecommunications and technologies to ensure the continued viability of the rural health care provider community remains the same.