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BY EMAIL (erik.bodin@vdh.virginia.gov) ONLY
Mr. Erik O. Bodin, Director
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1485

Re: Exhibit Q-6C for Responses to VDH Request dated December 22, 2016

Dear Mr. Bodin,

In our review of the materials submitted by Mountain States Health Alliance and Wellmont Health System in response to the Department of Health's requests for additional information, we discovered that the following exhibit was unintentionally omitted from Response #3 dated January 17, 2017 to the Department's request dated December 22, 2016. This is a PUBLIC exhibit.

- Exhibit Q-6C WHS Description of Telemedicine Activities

A copy of the exhibit is enclosed and the exhibit has been uploaded to the ShareFile platform. We apologize for the inconvenience. I am happy to answer any questions you may have.

Sincerely,

Francis C. Oroszlan

Enclosure
cc: Peter Boswell
Allyson K. Tysinger

Exhibit Q-6C

WHS Description of Telemedicine Activities

Wellmont's Use of Telemedicine

The use of telemedicine continues to develop as a delivery model for care and diagnosis nationally. Though effective reimbursement models continue to evolve, the expanded use of technology to supplement onsite evaluation and consult has proven beneficial, especially in rural or other underserved areas. The definition of telemedicine has expanded to include any technology-aided evaluation or consult that is delivered remotely by a medical provider. This includes the use of a variety of diagnostic devices connected to telephones, mobile devices, radios, or computers for the transmission of medical information.

Several typical interactions or processes which most health systems employ regularly can technically be considered telemedicine. These range from telephonic physician assessment of low-acuity conditions with known patients for issues such as sinus or urinary tract infections to remote radiology readings. In addition to using these methods on a regular basis, Wellmont is exploring a variety of new approaches to telemedicine and has already utilized more novel telemedicine strategies for certain modalities.

In the realm of cardiology, the Wellmont CVA Heart Institute worked with area EMS agencies to create and build a substantial regional telemedicine network for the evaluation of heart attacks in the field. This network includes the placement of 12-lead EKG machines in ambulances and the provision of highly-specialized training to EMS professionals who perform EKGs from the field and transmit them to a central communications center managed by Wellmont. The communications center receives these transmissions and physicians read the EKG and determine if a heart attack is occurring. The communications center then determines the patient's quickest route to an equipped and staffed cath lab. This process has allowed a significant reduction in the amount of time needed to restore blood flow to the heart, by providing quicker "door-to-balloon" times through the activation of cath lab staffing while patients are still in the field. Several years ago, Wellmont also explored the use of tele-cardiology to extend access to stress test evaluations in a rural setting. This process involved testing equipment on site along with a nurse practitioner to guide the evaluation and connectivity to physicians located in remote locations via video telemedicine units.

In addition to cardiology applications, Wellmont Medical Associates has instituted an advanced remote evaluation process through E-Visits facilitated through the MyWellmont Patient Portal for existing patients. This process, offered for certain low-acuity needs, allows patients to access their physician through an email facilitated mechanism for the communication and evaluation of symptoms and feedback from their primary care physician within an expected period of time.

Wellmont has also developed a process for video interaction and evaluation of behavioral health patients in emergency departments by behavioral health providers located remotely. This will allow more effective use of limited provider capacity and will facilitate quicker specialized patient evaluation and appropriate and timely decisions related to admission, transfer or discharge. Many of these patients have co-existing conditions which require both medical and behavioral health evaluation, and this system will be beneficial both to patients and hospitals.