Finger Lakes Community Health Telehealth Network

Summary

- **Need:** To provide organizations with telehealth infrastructure in order to improve the healthcare access for rural residents.
- **Intervention:** Finger Lakes Telehealth Network (FLTN) provides an open access network to facilitate collaboration amongst partnering organizations.
- **Results:** FLTN provides connectivity using telehealth technology services to more than 20 partnering organizations, including FQHCs, specialists, hospitals, and other provider groups, allowing for a collaborative sharing of services, as well as cost savings to providers.

Description

Finger Lakes Community Health (http://flchealth.org/) (FLCH), a Federally Qualified Health Center (FQHC), wanted to improve rural residents’ access to healthcare without providers having to travel to various site locations. FLCH created the Finger Lakes Telehealth Network (http://flchealth.org/telehealth/) (FLTN) to provide video-conferencing access to healthcare providers for virtual examinations.

The FLTN is unique in that it gives open access to its telehealth infrastructure and support resources to each of its partnering organizations. Affiliates are required to pay a small subscription fee to join the network, but are able to receive telehealth broadband services at a 65% discount through the FCC Rural Broadband program. This helps facilitate collaboration on clinical and educational opportunities, without partners needing to invest heavily in network infrastructure and development costs.

Primary care doctors are able to better assist patients by conferencing in off-site specialists, reducing redundancies and duplication of efforts. FLTN provides better healthcare access to patients, which in turn results in improved health outcomes and cost savings.

For more information on why FLCH sought out telehealth as a solution, see The Rural Monitor article Technology Stemming from Tragedy (http://rural-monitor/finger-lakes-telehealth-network/).

Services offered

A variety of services are offered by the FLTN including:

- Dental screenings and dental care
- Exams and physicals for the local Head Start and migrant children
- Eye exams for vision, glaucoma, and diabetic retinopathy
- Behavioral health services for adolescents and adults
- Occupational health consultations
- Clinical mentoring, Continuing Medical Education (CME), and distance education
- Culturally and linguistically appropriate patient education programs

Results

FLTN is able to provide its telehealth infrastructure and services to more than 20 partnering organizations, including several FQHCs and other healthcare providers. Telehealth also enables Finger Lakes Community Health providers to meet for virtual monthly meetings, which has resulted in a cost savings of $4,325 per month and an average of $51,890 per year.

For more information:


Barriers

Some challenges Finger Lakes Community Health has faced include:

- Ensuring adequate broadband speed and coverage to allow for telehealth connectivity in rural areas.
- Educating healthcare providers and patients about the benefits and return on investment of telehealth

Replication

In order to create a similar program, it is important to:

- Speak with providers who have implemented a telehealth program
- Understand what is required of a telehealth network
- Create programming infrastructure that staff can comprehend
- Implement training for all who will use the program

Contact Information

Mary Zelazny, CEO
Finger Lakes Community Health
315.531.9102
maryz@flchealth.org

Topics

- Federally Qualified Health Centers
- Networking and collaboration
- Telehealth
Please contact the models and innovations contact directly for the most complete and current information about this program. Summaries of models and innovations are provided by RHihub for your convenience. The programs described are not endorsed by RHihub or by the Federal Office of Rural Health Policy. Each rural community should consider whether a particular project or approach is a good match for their community’s needs and capacity. While it is sometimes possible to adapt program components to match your resources, keep in mind that changes to the program design may impact results.

States served
New York

Date added
July 31, 2015