

MTA Commentary: Rural Healthcare Networks  
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We continually are reminded of the benefits that broadband telecommunications technology brings to the economic development of our lives, our communities, our state and indeed, the nation.

For example, in the entertainment arena, we take for granted now the fact that we can download music or television shows or movies onto a variety of devices at home. We routinely surf the net to get information that not long ago required a trip to the library. We go shopping at virtual stores anywhere in the world, without leaving our homes. Or, looking at that scenario the other way, we can sell products and services to anyone anywhere in the world without actually having to establish a physical presence, thereby vastly expanding markets with minimal expense and effort.

Broadband communications in the workplace enable us to attend meetings and obtain information that otherwise would have required travel and other expenses that may have rendered such opportunities prohibitive just a few years ago. We stream hearings or public meetings; we “attend” webinars and participate in conferences—all without moving from our office chair. Not only do these broadband applications vastly expand our access to knowledge and our productivity, but by substituting cyber-time for travel-time, we’re consuming fewer natural resources and reducing our environmental footprint.

Similarly, virtual classrooms expand educational opportunities for students and teachers alike, while preserving curricular offerings in communities that otherwise may not be able to afford to offer courses that a larger school district may offer. Students take courses offered far away, without leaving their classrooms. Teachers, too, take on-line masters degree courses without leaving their jobs.

Another valuable use of broadband connectivity can be found in the healthcare industry. A number of broadband applications can enable rural healthcare facilities to offer a host of services without the actual physical

presence of specialists on site. For example, X-rays taken at a rural healthcare clinic can be sent to a remote location, read and interpreted by a radiologist, and returned back to the rural clinic where there is no resident radiologist. Other broadband telemedicine applications enable large amounts of data to be stored and transferred—in a secure health information exchange network—so that a patient’s records may be accessible by healthcare providers wherever the patient happens to need care, rather than only where the patient resides.

Facilitating telemedicine applications, in fact, is a national priority. In 2006, for example, the Federal Communications Commission (FCC) established a “pilot program to...bring the benefits of innovative telehealth and ... telemedicine services to those areas of the country where the need for those benefits is most acute.”

Enter the Health Information Exchange of Montana, or HIEM, which has been granted funding under the FCC’s rural health care pilot program to implement “a bold plan to build fiber to each [participating health care] facility” on its proposed northwest Montana healthcare network. This pilot program presents a great opportunity for health care consumers in rural Montana. Or not. As usual, the devil is in the details.

In its application and recent reports to the FCC, the HIEM pilot project has stated that “parts of northwest and north central Montana have no fiber connectivity,” and that Montana remains isolated from other national healthcare and research networks such as Internet 2 and National Lambda Rail. A map included in HIEM’s application shows no fiber between Kalispell and Missoula, for example; or from Cut Bank to Fairfield. Another map indicates that the nearest connection to Internet 2 or Lambda Rail is in Denver or Salt Lake. None of these assertions is true, however. HIEM’s application also indicates that it plans to replace existing connections to healthcare facilities with its own network connections.

The good news is that there’s great opportunity in expanding the availability and affordability of healthcare services to rural communities through



the intelligent deployment of broadband-based healthcare networks. Unfortunately, there's substantial risk involved in how such networks are developed. The economic landscape is littered with the corpses of failed telecommunications network projects launched by non-telecom enterprises with the best of intentions only to find out that building, operating, and maintaining telecommunications networks did not fall within the enterprise's core competencies. Healthcare providers may be tempted to build duplicative network facilities and remove assets from the public telecom infrastructure. This would be a mistake. Investment in networks would be threatened. Meanwhile, healthcare networks would find themselves operating isolated, expensive specialty networks that would require continuing infusions of public resources.

There's a solution to this potential conflict. Healthcare projects should work collaboratively with private networks to develop applications and appropriate connectivity for healthcare facilities, and all others who benefit from an interconnected broadband platform.

While it still is not clear which direction the HIEM project will take, it *is* clear that there's a lot more at stake here than just healthcare consumers.

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