

Appendix 3: Economic Model

Economic Evaluation of
Keewaytinook Okimakanak Telehealth/
NORTH Network Expansion Project:
A cost comparison approach

John C. Hogenbirk, MSc
Senior Researcher, Centre for Rural and Northern Health Research

assisted by
Shaun Macpherson, BA
Research Intern, Centre for Rural and Northern Health Research

with advice from
David R. Robinson, PhD
Associate Professor, Department of Economics

data compiled and summarized by
Linda Liboiron-Grenier, BA
Research Assistant, Centre for Rural and Northern Health Research

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Economic Evaluation - Table of Contents

Worksheet (Tab) Name	Description
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Theoretical Assumptions	Theoretical assumptions of the economic model.
Model Format	Brief description of model format, type of comparison and explanation of colour-coding scheme.
TH use by type	KOTH utilization data by major type of use. These data help drive the model.
TH use by time	Duration of telehealth sessions and comparison of percent use based on total time to percent use based on frequency of use.
TH use by community	KOTH utilization data by location (First Nation community, service or administrative centre). These data are used to determine per capita use to drive the model for a Sustainable Program. This worksheet contains population estimates for each First Nation community.
TH use by comm-type	KOTH utilization data by type of use by community (First Nation Community, service or administrative centre). These data are used to generate travel savings.
Chart-Usage by Type	Graph display of telehealth utilization by type of use.
Chart-Average Community Use	Graph display of average use per First Nation community by month and number of First Nation communities with telehealth services by month.
Telehealth Module	Brief description of the telehealth cost module.
Annuitization	Model assumptions related to interest rate, amortization period, cost sensitivity factor and savings sensitivity factor.
Telehealth Costs	Details of the telehealth cost module, with assumptions and cost drivers for the Sustainable Program.
Travel Module	Brief description of travel cost module. Explanation of estimates, averted travel and valuation factor for "new"
Travel Savings	Details of the travel savings (averted costs) with assumptions and cost drivers for the Sustainable Program.
Notes-Compare Costs to Savings	This tab outlines how utilization for the entire Network and utilization for the 24 First Nations communities are related. This tab explains how costs and savings were compared and how estimated utilization can be compared between the Network and the 24 First nations communities.
User-Defined Key Variables	This tab contains an interactive listing of variables that can be customized or changed by the user. Justification, for the default value of these variables are provided.
Cost Comparison-Sustainable	Tabular comparison of telehealth costs and estimated travel savings for the Sustainable Program.
Summary of Assumptions & Output	Summary of major assumptions in the model. Graphical summary of model outputs for the comparison of telehealth costs to estimated travel savings for the and Sustainable Program.
Chart-costs vs savings	Graph of costs and savings per network session - default assumptions.
Questions and Issues	Brief description of major assumptions of the model.
File name:	Economic model 31Mar2006.xls

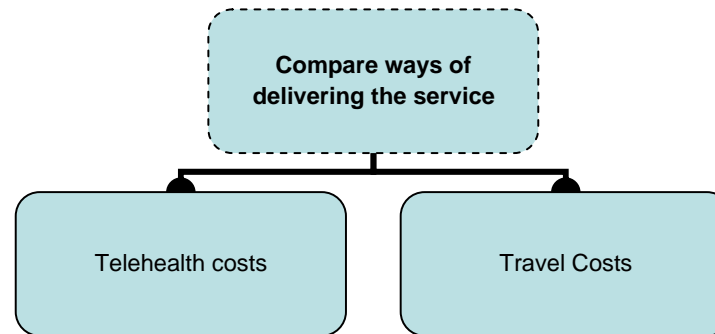
Economic Evaluation

Background

The Keewatinook Okimakanak Telehealth/NORTH Network Expansion Project ran for 31 months from September 2003 to March 2006. The telehealth network was expanded, in stages, from 5 First Nations communities to a total of 24 First Nations communities located in the Sioux Lookout Health Zone. Additional First Nations communities, located in other health zones, have been added **but are not included in this economic model**. The telecommunications network used ground and satellite links to provide health consultations, educational/training sessions and administrative meetings for people living in First Nations communities.

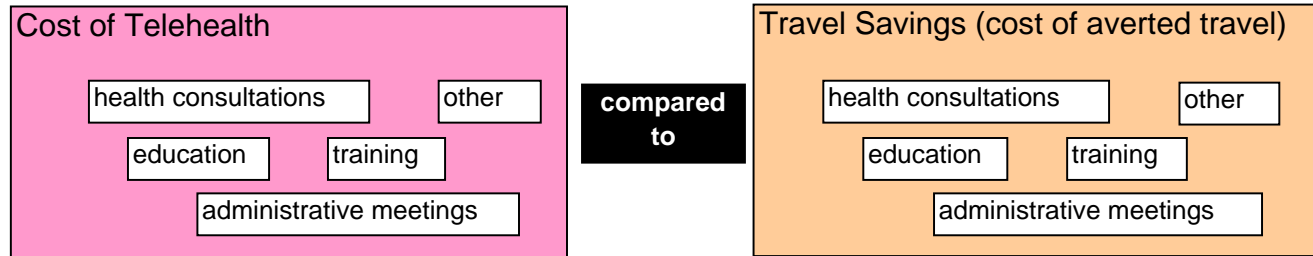
Approach

The economic evaluation uses a modeling approach that compares the cost of delivering the service by telehealth to the cost of delivering the service by transporting the user.



Model Steps

1. Calculate the total cost of all telehealth sessions for all major categories of use. Major categories include: health (clinical) consultations, education, training, meetings and other (family visits, equipment testing, demonstrations)
2. Estimate the percentage of telehealth sessions that would have required travel in the past and calculate, for each major category of use, the total cost if the user would have traveled. (percent of telehealth that replaced travel)



3. Apply an appropriate Valuation Factor to the potential savings for the percent of telehealth sessions that represent an expanded service. (In the past, people were less likely to travel for these types of sessions)
4. Vary key estimates in the model to see the effect on the result.

Sustainable Program (assumes all 24 communities are fully operational over 3 years)

Includes annual operational costs (connectivity, personnel, equipment upgrades and replacement, etc.)

Excludes major one time start up costs from the pilot project.

(a) Available utilization data were adjusted to 12 months and used to calculate per capita utilization rates for each First Nation community.

(b) Then per capita utilization rates of the First Nations communities with the longest running telehealth service were used to estimate total annual telehealth use for the entire network of 24 communities.

(c) Telehealth costs were calculated on an annual basis (12 months) for a sustainable network.

Theoretical Assumptions of the Economic Model

This economic evaluation used a cost-analysis approach based on Drummond et al. (1997). The societal viewpoint was assumed, focusing on monetary costs/savings to patients, educators/learners and meeting attendees in First Nations communities and government. This economic evaluation was based upon examination of the following monetary costs and savings.

Monetary Costs

- * *cost of a Sustainable Program (Telehealth Network costs)*
 - *costs of operating an established network, with some opportunity for growth and replacement of equipment.*

Monetary Savings

- * *cost of averted travel (potential savings) (the main alternative to telehealth is to travel for services)*
 - *travel by patients to visit health care providers*
 - *travel for education/training*
 - *travel for administrative meetings*
 - [travel costs include: transportation, accommodation, food and incidentals (parking, registration fees, etc.)]
- * *monetary value of "new" telehealth*
 - *this is the dollar value assigned to sessions that improve access to clinical, educational and other services. (see "Travel Module" for details)*
 - *travel for education/training*

Benefits that were not included

- * *lost wages due to travel (patients, escorts, providers or other users)*
- * *increase/decrease in patient health status, anxiety, quality of life, well-being, etc.*
- * *changes in productivity of patients, providers or other users*
- * *increase/decrease in risks associated with increase/decrease in travel (patients and learners)*
- * *delayed/timely intervention*
- * *re-direction to inappropriate/appropriate health care service*

Limitations and Cautions

The **efficacy** and/or **effectiveness** of the telehealth service relative to the alternative service was not assessed. The assumption is that health care professionals/educators/administrators realize the limits of the technology and use and use the most appropriate modality, be it videoconferencing or travel.

The availability of telehealth varied as equipment became operational at different times in the communities and as services were added. Costs/savings also accrued at different times. The economic model deals with the sustainable program involving 24 First Nations communities.

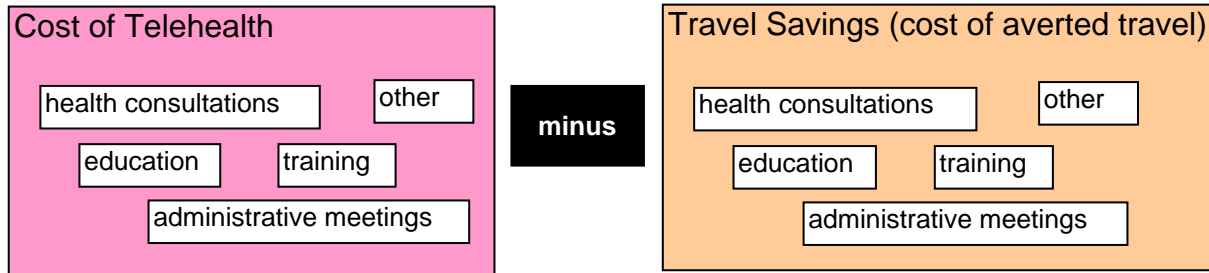
The models estimated average annual costs/savings.

Sensitivity analyses were used to examine the effect of different values and assumptions on results.

Marginal and opportunity costs were not calculated.

Reference: Drummond, M. F., O'Brien, B., Stoddart, G. L. & Torrance, G. W. 1997. *Methods for the Economic Evaluation of Health Care Programmes*. 2nd Edition. Oxford University Press, Oxford, UK.

Model Format



The economic model consists of two main modules:

1. Cost of the Telehealth Network

2. Travel Savings (the cost of averted travel, or averted costs)

Each main module estimates costs/savings for sub-modules:

(a) health (clinical); (b) education; (c) training; (d) meetings; & (e) other

Model results are calculated for Telehealth Costs *minus* Travel Savings for each sub-module separately and for all sub-modules combined.

NOTES: The unit for comparison is the cost per event. The event is either a telehealth session or a return trip (defined below).

Telehealth session: may connect 2 or more sites and involve 2 or more people.

Usually 1 site provides the clinical service or educational session to the receiver site(s). For meetings, 1 site hosts the chair or organizer of the meeting and for modeling purposes is defined as the provider site. Other site(s) participating in the meeting are defined as the receiver site(s).

Telehealth costs are assigned to each session type (clinical, education, training, meeting and other) based on percentage utilization in a specified time period.

Return Trip: involves 1 or more people travelling to 1 or more locations and then back home.

Travel savings are estimated only for those people at the receiving site(s). In the past, the people at the receiving site(s) would have been most likely to travel. Exceptions to this rule are dealt with in the model by the changing the average savings due to averted travel, percent of travel averted, average number of people traveling, etc.

Module/Worksheet Colour Codes

lavender	Telehealth utilization data
rose	Telehealth module
tan	Travel module
light blue	Cost comparison

Variable Colour Codes

bright green	user input
light turquoise	data from another sheet
yellow	key output data

Evaluation of the KOTH/NORTH Network Expansion Project

Telehealth Use by Type

Month-Year	Clinical Consults: Mean = 54 /month	Education: Mean = 24 /month	Training: Mean = 24 /month	Meetings: Mean = 17 /month	Other: Mean = 10 /month	TOTAL: Mean = 128 /month	Cancellations (not included): Mean = 24 /month
Apr-03	28	13	10	6	10	67	13
May-03	35	14	4	3	3	59	13
Jun-03	32	12	6	10	2	62	17
Jul-03	35	10	15	0	7	67	8
Aug-03	23	6	10	2	14	55	20
Sep-03	45	20	8	13	1	87	13
Oct-03	35	12	6	9	11	73	9
Nov-03	36	12	13	2	8	71	8
Dec-03	26	12	16	8	3	65	10
Jan-04	25	12	24	13	7	81	12
Feb-04	40	9	33	9	5	96	24
Mar-04	42	21	19	10	2	94	28
Apr-04	61	15	22	12	2	112	23
May-04	63	17	15	10	6	111	33
Jun-04	65	13	28	16	20	142	16
Jul-04	50	1	15	10	8	84	21
Aug-04	33	1	21	12	6	73	22
Sep-04	62	16	38	18	6	140	31
Oct-04	43	36	27	18	9	133	23
Nov-04	40	33	14	11	9	107	12
Dec-04	37	10	10	6	8	71	19
Jan-05	46	30	27	24	17	144	11
Feb-05	56	41	19	31	4	151	26
Mar-05	51	45	31	16	16	159	34
Apr-05	100	42	31	36	16	225	44
May-05	71	31	33	19	21	175	28
Jun-05	72	38	44	33	19	206	30
Jul-05	67	14	41	21	26	169	35
Aug-05	69	18	35	27	8	157	38
Sep-05	82	33	42	40	17	214	33
Oct-05	102	66	41	37	7	253	56
Nov-05	116	91	45	42	25	319	58
Dec-05	79	44	34	26	19	202	33

Evaluation of the KOTH/NORTH Network Expansion Project

Month-Year	Clinical Consults: Mean = 54 /month	Education: Mean = 24 /month	Training: Mean = 24 /month	Meetings: Mean = 17 /month	Other: Mean = 10 /month	TOTAL: Mean = 128 /month	Cancellations (not included): Mean = 24 /month
Apr 03 to Dec 05							
<i>Total use</i>	1767	788	777	550	342	4224	801
<i>number of months</i>	33	33	33	33	33	33	33
<i>percent</i>	41.8%	18.7%	18.4%	13.0%	8.1%	100.0%	19.0%
<i>annual use- prorated</i>	643	287	283	200	124	1536	of 4224 291
<i>Mean</i>	54	24	24	17	10	128	24
<i>Median</i>	46	16	22	13	8	111	23
<i>Minimum</i>	23	1	4	0	1	55	8
<i>Maximum</i>	116	91	45	42	26	319	58
Jan 05 to Dec 05							
<i>Last 12</i>	911	493	423	352	195	2374	426
<i>percent</i>	38.4%	20.8%	17.8%	14.8%	8.2%	100.0%	17.9%
<i>Mean</i>	76	41	35	29	16	198	of 2374 36
<i>Median</i>	71.5	39.5	34.5	29	17	188.5	33.5
<i>Minimum</i>	46	14	19	16	4	144	11
<i>Maximum</i>	116	91	45	42	26	319	58

Comparison of % based on total time to % based on frequency of use

April 2003 to December 2005 (33 months)							
Session Type	Total # of Sessions ¹	%	Total # of Scheduled Sessions ²	%	Total time ³	%	Average time (Duration in minutes) ⁴
Clinical	1767	41.8%	1892	43.5%	61,817	26.7%	32.7
Education	788	18.7%	788	18.1%	82,075	35.5%	104.2
Training	777	18.4%	777	17.9%	27,529	11.9%	35.4
Meetings	550	13.0%	550	12.6%	47,976	20.7%	87.2
Other	342	8.1%	342	7.9%	12,081	5.2%	35.3
Total	4,224	100.0%	4349	100.0%	231,478	100.0%	53.2

Number % - Time % (percentage points)
15.1
-35.3
6.5
-7.7
2.9

¹ Count includes multiple consultations for clinical telehealth sessions, but excludes no-shows (missed appointments)

² Count includes multiple consultations for clinical telehealth sessions and includes no-shows (missed appointments)

³ Duration is the time originally scheduled for the telehealth sessions and includes no-shows (missed appointments) as well as appointments completed

⁴ Average time is Total Time divided by Number of Scheduled Sessions.

Jan 2005 to Dec 2005 (last 12 months)							
Session Type	Total # of Sessions ¹	%	Total # of Scheduled Sessions ²	%	Total time ³	Session Duration (%)	Average time (Duration in minutes) ⁴
Clinical	911	38.4%	984	40.2%	31,627	23.9%	34.7
Education	493	20.8%	493	20.1%	52,950	40.1%	107.4
Training	423	17.8%	423	17.3%	13,811	10.5%	32.7
Meetings	352	14.8%	352	14.4%	27,276	20.6%	77.5
Other	195	8.2%	195	8.0%	6,487	4.9%	33.3
Total	2,374	100.0%	2447	100.0%	132151	100.0%	55.7

Number % - Time % (percentage points)
14.4
-19.3
7.4
-5.8
3.3

¹⁻⁴ See notes in above table

Note: Percentage use may differ slightly from that reported on previous tabs because sessions that were missing either duration or type were excluded from the above calculations.

Evaluation of the KOTH/NORTH Network Expansion Project

Telehealth Use by Community

Utilization	First Nation Communities of Expansion Project (See below for legend)											
Month-Year	BL	BT	CL	DL	EB	FS	KF	KS	KW	LS	MD	MI
Apr-03				10		6	2		11			
May-03				11		6	0		9			
Jun-03				9		6	2		9			
Jul-03				17		15	4		11			
Aug-03				9		9	1		6			
Sep-03				9		11	1		15			
Oct-03				13		6	0		4			
Nov-03				15		13	11		11			
Dec-03				14		7	0		6			
Jan-04				14		10	2		9			
Feb-04				22		9	4		21			
Mar-04				15		11	7		11			
Apr-04				40		8	8		15			
May-04				22		6	5		12			
Jun-04				25		14	17		7			
Jul-04		4		13		3	6		10			
Aug-04		3		7		0	5		6			
Sep-04		3		11		12	23		7			
Oct-04		8		9		9	17	10	8			
Nov-04	2	9		11		14	13	6	4			
Dec-04	0	4		9		11	8	8	11			1
Jan-05	0	11	2	21		15	14	9	18			19
Feb-05	0	9	7	28		23	17	22	20			21
Mar-05	0	14	18	28		14	30	25	21			17
Apr-05	0	13	18	32		26	29	15	27			20
May-05	1	15	20	27		20	24	2	19			23
Jun-05	1	14	21	26		23	24	15	12		2	28
Jul-05	11	6	13	17		17	25	21	11		13	19
Aug-05	6	9	8	26	3	28	14	15	25		15	23
Sep-05	16	19	12	24	16	21	20	24	15		10	21
Oct-05	18	16	25	25	20	19	21	23	16		12	26
Nov-05	23	23	17	27	24	33	39	17	31		22	22
Dec-05	15	13	11	12	14	19	17	18	12		9	14

Evaluation of the KOTH/NORTH Network Expansion Project

Utilization	First Nation Communities of Expansion Project (See below for legend)												
Month-Year	NB	NC	NK	NS	PH	PK	SC	SF	SL	WB	WP	WN	FN Total
Apr-03				9	6						2	2	48
May-03				11	6						4	3	50
Jun-03				4	4						3	9	46
Jul-03				13	10				1		4	2	77
Aug-03				10	3				5		3	3	49
Sep-03				3	12				1		1	11	64
Oct-03				8	9				2		1	2	45
Nov-03				5	9				8		7	2	81
Dec-03				4	3				8		0	0	42
Jan-04				10	18				17		1	3	84
Feb-04				5	13				8		3	5	90
Mar-04				6	18				12		5	9	94
Apr-04				7	17				12		1	0	108
May-04				5	18				12		7	3	90
Jun-04				4	12				11		11	15	116
Jul-04		2		4	2				13		10	10	77
Aug-04		6		6	5				9		1	6	54
Sep-04		5		10	11				16		13	1	112
Oct-04		9		11	17				19		11	14	142
Nov-04		8		12	8				12		17	11	127
Dec-04		7		2	5				11		6	4	87
Jan-05		7		13	25				19	1	12	10	196
Feb-05		19		25	22				17	0	18	23	271
Mar-05		6		24	24				17	1	21	17	277
Apr-05		27	1	16	24				26	0	21	11	306
May-05		25	27	28	29				30	0	21	36	347
Jun-05	1	22	24	26	28	9		8	22	0	20	24	350
Jul-05	0	26	20	21	14	8	7	10	18	0	22	29	328
Aug-05	0	15	15	18	21	15	22	11	17	16	16	16	354
Sep-05	12	20	16	2	31	7	19	11	12	27	23	22	400
Oct-05	9	15	24	28	32	13	17	19	14	27	24	28	471
Nov-05	34	24	20	31	36	26	24	11	9	28	32	29	582
Dec-05	6	11	12	19	22	18	15	10	15	17	25	16	340

Evaluation of the KOTH/NORTH Network Expansion Project

Utilization Month-Year	Other Communities / Users							Grand Total	First Nations Community Use	
	Balmertown or Red Lake	Sioux Lookout	Thunder Bay	Toronto	Winnipeg	All Other Communities	Other Total		# of FN Communities	Mean Use / FN Comm / Month
Apr-03	20	26	11	0	18	16	91	139	8	6.0
May-03	11	36	10	4	13	8	82	132	8	6.3
Jun-03	10	31	16	8	13	11	89	135	8	5.8
Jul-03	25	25	4	13	16	7	90	167	9	8.6
Aug-03	19	23	10	5	8	4	69	118	9	5.4
Sep-03	19	58	21	5	13	18	134	198	9	7.1
Oct-03	21	41	30	4	4	9	109	154	9	5.0
Nov-03	19	27	21	12	8	4	91	172	9	9.0
Dec-03	20	34	24	6	10	7	101	143	9	4.7
Jan-04	35	27	16	5	11	12	106	190	9	9.3
Feb-04	39	39	23	2	14	11	128	218	9	10.0
Mar-04	24	48	32	2	19	9	134	228	9	10.4
Apr-04	28	62	26	2	13	14	145	253	9	12.0
May-04	27	61	35	6	14	12	155	245	9	10.0
Jun-04	44	69	37	4	19	18	191	307	9	12.9
Jul-04	18	47	21	1	10	8	105	182	11	7.0
Aug-04	25	37	16	2	5	8	93	147	11	4.9
Sep-04	54	60	34	5	16	23	192	304	11	10.2
Oct-04	48	69	38	12	7	18	192	334	12	11.8
Nov-04	33	60	37	7	14	11	162	289	13	9.8
Dec-04	23	27	18	4	19	3	94	181	14	6.2
Jan-05	61	61	26	4	17	24	193	389	16	12.3
Feb-05	47	89	44	6	18	31	235	506	16	16.9
Mar-05	71	72	25	6	16	22	212	489	16	17.3
Apr-05	80	119	53	18	23	22	315	621	17	18.0
May-05	63	69	29	5	27	19	212	559	17	20.4
Jun-05	73	93	31	3	23	29	252	602	21	16.7
Jul-05	71	61	31	5	9	11	188	516	22	14.9
Aug-05	63	61	26	6	17	17	190	544	23	15.4
Sep-05	80	81	36	13	28	35	273	673	23	17.4
Oct-05	67	127	42	11	26	48	321	792	23	20.5
Nov-05	85	162	58	19	25	69	418	1000	23	25.3
Dec-05	57	92	46	14	12	37	258	598	23	14.8

Evaluation of the KOTH/NORTH Network Expansion Project

	BL	BT	CL	DL	EB	FS	KF	KS	KW	LS	MD	MI
Apr 03 to Dec 05												
Total	93	193	172	598	77	444	410	230	430	0	83	254
% Grand total	0.8%	1.7%	1.5%	5.2%	0.7%	3.9%	3.6%	2.0%	3.7%		0.7%	2.2%
# Months	14	18	12	33	5	33	33	15	33	0	7	13
Annual usage	80	129	172	217	185	161	149	184	156		142	234
Jan 05 to Dec 05												
Total-last 12 months	91	162	172	293	77	258	274	206	227		83	253
% Grand total	1.2%	2.2%	2.4%	4.0%	1.1%	3.5%	3.8%	2.8%	3.1%		1.1%	3.5%
# Months	12	12	12	12	5	12	12	12	12	0	7	12
Annual usage	91	162	172	293	184.8	258	274	206	227		142.2857	253
Population used for rate												
DIAND-Registered Indians on reserve+crown land-2004	499	889	481	838	1159	477	414	737	439	824	197	959
Annual per capita use												
Rate from beginning	0.160	0.145	0.358	0.259	0.159	0.338	0.360	0.250	0.356	not	0.722	0.244
number of months	14	18	12	33	5	33	33	15	33	included	7	13
Rate from last 12 months	0.182	0.182	0.358	0.350	0.159	0.541	0.662	0.280	0.517		0.722	0.264
number of months	12	12	12	12	5	12	12	12	12		7	12

Evaluation of the KOTH/NORTH Network Expansion Project

	NB	NC	NK	NS	PH	PK	SC	SF	SL	WB	WP	WN	FN Total
Apr 03 to Dec 05													
Total	62	254	159	400	514	96	104	80	393	117	366	376	5905
% Grand total	0.5%	2.2%	1.4%	3.5%	4.5%	0.8%	0.9%	0.7%	3.4%	1.0%	3.2%	3.3%	51.2%
# Months	7	18	9	33	33	7	6	7	30	12	33	33	of 11525
Annual usage	106	169	212	145	187	165	208	137	157	117	133	137	3684
Jan 05 to Dec 05													
Total-last 12 months	62	217	159	251	308	96	104	80	216	117	255	261	4222
% Grand total	0.9%	3.0%	2.2%	3.4%	4.2%	1.3%	1.4%	1.1%	3.0%	1.6%	3.5%	3.6%	57.9%
# Months	7	12	9	12	12	7	6	7	12	12	12	12	of 7289
Annual usage	106.2857	217	212	251	308	164.5714	208	137.1429	216	117	255	261	4716

Population used for rate	NB	NC	NK	NS	PH	PK	SC	SF	SL	WB	WP	WN	FN Total
DIAND-Registered Indians on reserve+crown land-2004	327	702	277	398	396	1907	459	153	1961	622	359	483	15,957

n= 24

Annual per capita use	NB	NC	NK	NS	PH	PK	SC	SF	SL	WB	WP	WN	
Rate from beginning	0.325	0.241	0.765	0.365	0.472	0.086	0.453	0.896	0.080	0.188	0.371	0.283	Adjusted to 12 months
number of months	7	18	9	33	33	7	6	7	30	12	33	33	
Rate from last 12 months	0.325	0.309	0.765	0.631	0.778	0.086	0.453	0.896	0.110	0.188	0.710	0.540	Adjusted to 12 months
number of months	7	12	9	12	12	7	6	7	12	12	12	12	

Evaluation of the KOTH/NORTH Network Expansion Project

	Balmertown or Red Lake	Sioux Lookout	Thunder Bay	Toronto	Winnipeg	All Other Communities	Other Total	Grand Total
Apr 03 to Dec 05								
Total	1380	1994	927	219	505	595	5620	11525
% Grand total	12.0%	17.3%	8.0%	1.9%	4.4%	5.2%	48.8%	100.0%
# Months	33	33	33	33	33	33	of 11525	
Annual usage	502	725	337	80	184	216	2044	5728
Jan 05 to Dec 05								
Total-last 12 months	818	1087	447	110	241	364	3067	7289
% Grand total	11.2%	14.9%	6.1%	1.5%	3.3%	5.0%	42.1%	100.0%
# Months	12	12	12	12	12	12	of 7289	
Annual usage	818	1087	447	110	241	364	3067	7783

Population used for rate
DIAND-Registered Indians on reserve+crown land- 2004
Annual per capita use
Rate from beginning
number of months
Rate from last 12 months
number of months

Evaluation of the KOTH/NORTH Network Expansion Project

Annual Per Capita Telehealth Utilization Rates								
Population (All communities)	15,957							
	Full period of 33 months			Last 12 months				
	Longest Running		All Communities		Longest Running		All Communities	
N=	9	9	23	23	9	9	23	23
	Rate	# Months	Rate	# Months	Rate	# Months	Rate	# Months
Average	0.321	32.7	0.343	19.3	0.538	12.0	0.435	10.4
Median	0.356	33.0	0.325	15.0	0.541	12.0	0.358	12.0
Low	0.080	30.0	0.080	5.0	0.110	12.0	0.086	5.0
High	0.472	33.0	0.896	33.0	0.778	12.0	0.896	12.0
Total Use								
Total Use	1444		3684		2343		4716	
Total Pop	5765		15133		5765		15133	
= Ratio	0.250		0.243		0.406		0.312	
Estimated Use	#Sessions		#Sessions		#Sessions		#Sessions	
Average	5116		5466		8579		6944	
Median	5684		5187		8631		5706	
Low	1279		1279		1758		1377	
High	7532		14303		12411		14303	
Ratio	3996		3885		6485		4973	

Summary of Use for Full Period of 33 Months		
	# of Communities	Average Use / Community / Month
Mean	13.5	11.6
Median	12.5	10.2
Min	8.0	4.7
Max	23.0	25.3
Std Dev	5.5	5.3

Usage by Type vs. Usage by	
Last 33 months	
sum of TH sessions in all FN cor	5905
sum of TH sessions for all types	4224
ratio =	1.398
Last 12 months	
sum of TH sessions in all FN cor	4222
sum of TH sessions for all types	2374
ratio =	1.778
# FN community use per session	
Last 12 months	
Clinical	0.77
Education	2.82
Training	1.45
Meetings	3.64
Other	1.19
Overall	1.78

Evaluation of the KOTH/NORTH Network Expansion Project

First Nation Community of Expansion Project
BL-Bearskin Lake
BT-Big Trout Lake-Kitchenuhmaykoosib Inninuwug
CL-Cat lake
DL-Deer Lake
EB-Eabametoong-Fort Hope
FS-Fort Severn
KF-Kingfisher
KS-Kasabonika
KW-Keewaywin
LS-Lac Seul
MD-Muskrat Dam
MI-Mishkeegogamang-New Osnaburgh
NB-Nibinamik-Summer Beaver
NC-North Caribou-Weagamow Lake
NK-Neskantaga-Lansdowne House
NS-North Spirit Lake
PH-Poplar Hill
PK-Pikangikum
SC-Sachigo Lake
SF-Slate Falls
SL-Sandy Lake
WB-Webequie
WN-Wunnumin
WP-Wapekeka-Angling Lake
First Nation community with long running telehealth service are shaded.

Service or Administration Centres or Other Communities
Balmertown or Red Lake
Sioux Lookout
Thunder Bay
Toronto
Winnipeg
All Other Communities

Telehealth Use by Community & Type

23 FN communities (excludes Lac Seul) all 33 months											
Community	Clinical	%	Education	%	Training	%	Meeting	%	Other	%	Total
Bearskin Lake	21	22.6%	15	16.1%	21	22.6%	30	32.3%	6	6.5%	93
Big Trout Lake	39	20.2%	61	31.6%	19	9.8%	66	34.2%	8	4.1%	193
Cat Lake	26	15.1%	60	34.9%	20	11.6%	54	31.4%	12	7.0%	172
Deer Lake	229	38.3%	135	22.6%	73	12.2%	106	17.7%	55	9.2%	598
Eabametoong	20	26.0%	13	16.9%	15	19.5%	25	32.5%	4	5.2%	77
Fort Severn	74	16.7%	180	40.5%	74	16.7%	88	19.8%	28	6.3%	444
Kasabonika	34	14.8%	78	33.9%	55	23.9%	53	23.0%	10	4.3%	230
Keewaywin	82	19.1%	156	36.3%	94	21.9%	60	14.0%	38	8.8%	430
Kingfisher	71	17.3%	123	30.0%	101	24.6%	86	21.0%	29	7.1%	410
Mishkeegogamang	29	11.4%	61	24.0%	63	24.8%	85	33.5%	16	6.3%	254
Muskrat Dam	11	13.3%	32	38.6%	12	14.5%	26	31.3%	2	2.4%	83
Neskantaga	10	6.3%	69	43.4%	33	20.8%	35	22.0%	12	7.5%	159
Nibinamik	6	9.7%	17	27.4%	8	12.9%	29	46.8%	2	3.2%	62
North Caribou	53	20.9%	66	26.0%	36	14.2%	70	27.6%	29	11.4%	254
North Spirit Lake	97	24.3%	116	29.0%	50	12.5%	96	24.0%	41	10.3%	400
Pikangikum	7	7.3%	32	33.3%	16	16.7%	35	36.5%	6	6.3%	96
Poplar Hill	123	23.9%	143	27.8%	116	22.6%	106	20.6%	26	5.1%	514
Sachigo Lake	14	13.5%	37	35.6%	17	16.3%	32	30.8%	4	3.8%	104
Sandy Lake	118	30.0%	66	16.8%	81	20.6%	87	22.1%	41	10.4%	393
Slate Falls	10	12.5%	26	32.5%	14	17.5%	27	33.8%	3	3.8%	80
Webequie	19	16.2%	41	35.0%	17	14.5%	31	26.5%	9	7.7%	117
Wapekeka	91	24.9%	93	25.4%	56	15.3%	103	28.1%	23	6.3%	366
Wunnumin	86	22.9%	95	25.3%	82	21.8%	89	23.7%	24	6.4%	376
Total	1270	21.5%	1715	29.0%	1073	18.2%	1419	24.0%	428	7.2%	5905
mean	55	18.6%	75	29.7%	47	17.7%	62	27.5%	19	6.5%	257
median	34	17.3%	66	30.0%	36	16.7%	60	27.6%	12	6.3%	230
min	6	6.3%	13	16.1%	8	9.8%	25	14.0%	2	2.4%	62
max	229	38.3%	180	43.4%	116	24.8%	106	46.8%	55	11.4%	598
count	23	23	23	23	23	23	23	23	23	23	23

Evaluation of the KOTH/NORTH Network Expansion Project

23 FN communities (excludes Lac Seul) Last 12 months											
Community	Clinical	%	Education	%	Training	%	Meeting	%	Other	%	Total
Bearskin Lake	21	23.1%	14	15.4%	21	23.1%	30	33.0%	5	5.5%	91
Big Trout Lake	37	22.8%	55	34.0%	8	4.9%	59	36.4%	3	1.9%	162
Cat Lake	26	15.1%	60	34.9%	20	11.6%	54	31.4%	12	7.0%	172
Deer Lake	66	22.5%	90	30.7%	20	6.8%	94	32.1%	23	7.8%	293
Eabametoong	20	26.0%	13	16.9%	15	19.5%	25	32.5%	4	5.2%	77
Fort Severn	26	10.1%	123	47.7%	29	11.2%	71	27.5%	9	3.5%	258
Kasabonika	26	12.6%	74	35.9%	48	23.3%	52	25.2%	6	2.9%	206
Keewaywin	25	11.0%	115	50.7%	26	11.5%	49	21.6%	12	5.3%	227
Kingfisher	32	11.7%	97	35.4%	54	19.7%	72	26.3%	19	6.9%	274
Mishkeegogamang	29	11.5%	61	24.1%	63	24.9%	84	33.2%	16	6.3%	253
Muskrat Dam	11	13.3%	32	38.6%	12	14.5%	26	31.3%	2	2.4%	83
Neskantaga	10	6.3%	69	43.4%	33	20.8%	35	22.0%	12	7.5%	159
Nibinamik	6	9.7%	17	27.4%	8	12.9%	29	46.8%	2	3.2%	62
North Caribou	48	22.1%	60	27.6%	26	12.0%	63	29.0%	20	9.2%	217
North Spirit Lake	40	15.9%	93	37.1%	18	7.2%	79	31.5%	21	8.4%	251
Pikangikum	7	7.3%	32	33.3%	16	16.7%	35	36.5%	6	6.3%	96
Poplar Hill	63	20.5%	113	36.7%	34	11.0%	91	29.5%	7	2.3%	308
Sachigo Lake	14	13.5%	37	35.6%	17	16.3%	32	30.8%	4	3.8%	104
Sandy Lake	70	32.4%	37	17.1%	20	9.3%	74	34.3%	15	6.9%	216
Slate Falls	10	12.5%	26	32.5%	14	17.5%	27	33.8%	3	3.8%	80
Webequie	19	16.2%	41	35.0%	17	14.5%	31	26.5%	9	7.7%	117
Wapekeka	54	21.2%	69	27.1%	33	12.9%	91	35.7%	8	3.1%	255
Wunnumin	44	16.9%	64	24.5%	61	23.4%	79	30.3%	13	5.0%	261
Total	704	16.7%	1392	33.0%	613	14.5%	1282	30.4%	231	5.5%	4222
mean	31	16.3%	61	32.2%	27	15.0%	56	31.2%	10	5.3%	184
median	26	15.1%	60	34.0%	20	14.5%	54	31.4%	9	5.3%	206
min	6	6.3%	13	15.4%	8	4.9%	25	21.6%	2	1.9%	62
max	70	32.4%	123	50.7%	63	24.9%	94	46.8%	23	9.2%	308
count	23	23	23	23	23	23	23	23	23	23	23

Evaluation of the KOTH/NORTH Network Expansion Project

5 Main Sites all 33 months											
Community	Clinical	%	Education	%	Training	%	Meeting	%	Other	%	Total
Thunder Bay	568	61.3%	261	28.2%	2	0.2%	62	6.7%	34	3.7%	927
Toronto	120	54.8%	77	35.2%	2	0.9%	12	5.5%	8	3.7%	219
Winnipeg	376	74.5%	97	19.2%	9	1.8%	13	2.6%	10	2.0%	505
Sioux Lookout	1096	55.0%	540	27.1%	12	0.6%	310	15.5%	36	1.8%	1994
Balmertown / Red Lake	103	7.5%	266	19.3%	516	37.4%	288	20.9%	207	15.0%	1380
Total	2263	45.0%	1241	24.7%	541	10.8%	685	13.6%	295	5.9%	5025
mean	453	50.6%	248	25.8%	108	8.2%	137	10.2%	59	5.2%	1005
median	376	55.0%	261	27.1%	9	0.9%	62	6.7%	34	3.7%	927
min	103	7.5%	77	19.2%	2	0.2%	12	2.6%	8	1.8%	219
max	1096	74.5%	540	35.2%	516	37.4%	310	20.9%	207	15.0%	1994
count	5	5	5	5	5	5	5	5	5	5	5

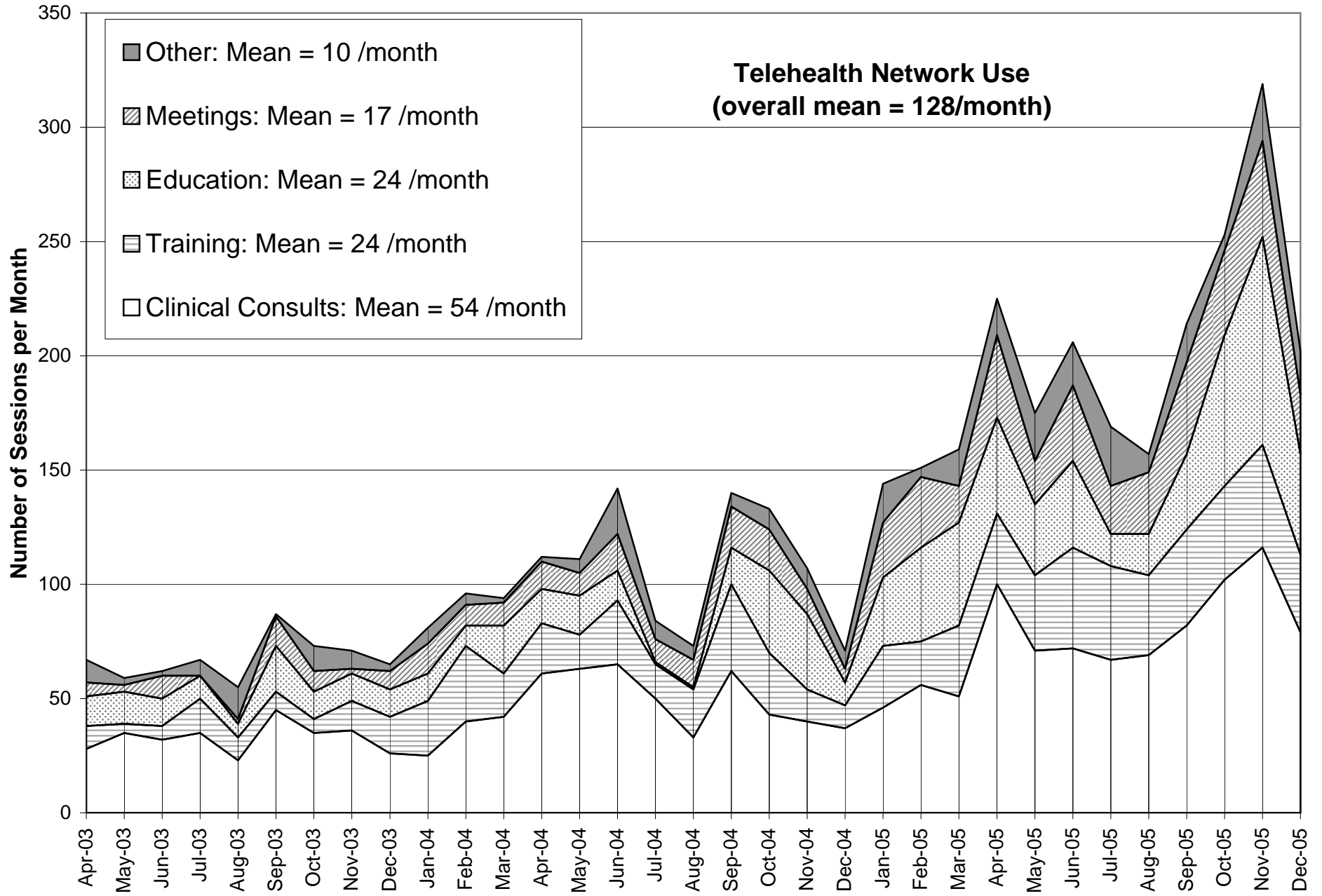
9 First FN communities With The Longest Running Telehealth Service - all 33 months											
Community	Clinical	%	Education	%	Training	%	Meeting	%	Other	%	Total
Deer Lake	229	38.3%	135	22.6%	73	12.2%	106	17.7%	55	9.2%	598
Fort Severn	74	16.7%	180	40.5%	74	16.7%	88	19.8%	28	6.3%	444
Kingfisher	71	17.3%	123	30.0%	101	24.6%	86	21.0%	29	7.1%	410
Keewaywin	82	19.1%	156	36.3%	94	21.9%	60	14.0%	38	8.8%	430
North Spirit	97	24.3%	116	29.0%	50	12.5%	96	24.0%	41	10.3%	400
Poplar Hill	123	23.9%	143	27.8%	116	22.6%	106	20.6%	26	5.1%	514
Sandy Lake	118	30.0%	66	16.8%	81	20.6%	87	22.1%	41	10.4%	393
Wapekeka	91	24.9%	93	25.4%	56	15.3%	103	28.1%	23	6.3%	366
Wunnumin	86	22.9%	95	25.3%	82	21.8%	89	23.7%	24	6.4%	376
Total	971	24.7%	1107	28.2%	727	18.5%	821	20.9%	305	7.8%	3931
mean	108	24.1%	123	28.2%	81	18.7%	91	21.2%	34	7.8%	437
median	91	23.9%	123	27.8%	81	20.6%	89	21.0%	29	7.1%	410
min	71	16.7%	66	16.8%	50	12.2%	60	14.0%	23	5.1%	366
max	229	38.3%	180	40.5%	116	24.6%	106	28.1%	55	10.4%	598
count	9	9	9	9	9	9	9	9	9	9	9

Evaluation of the KOTH/NORTH Network Expansion Project

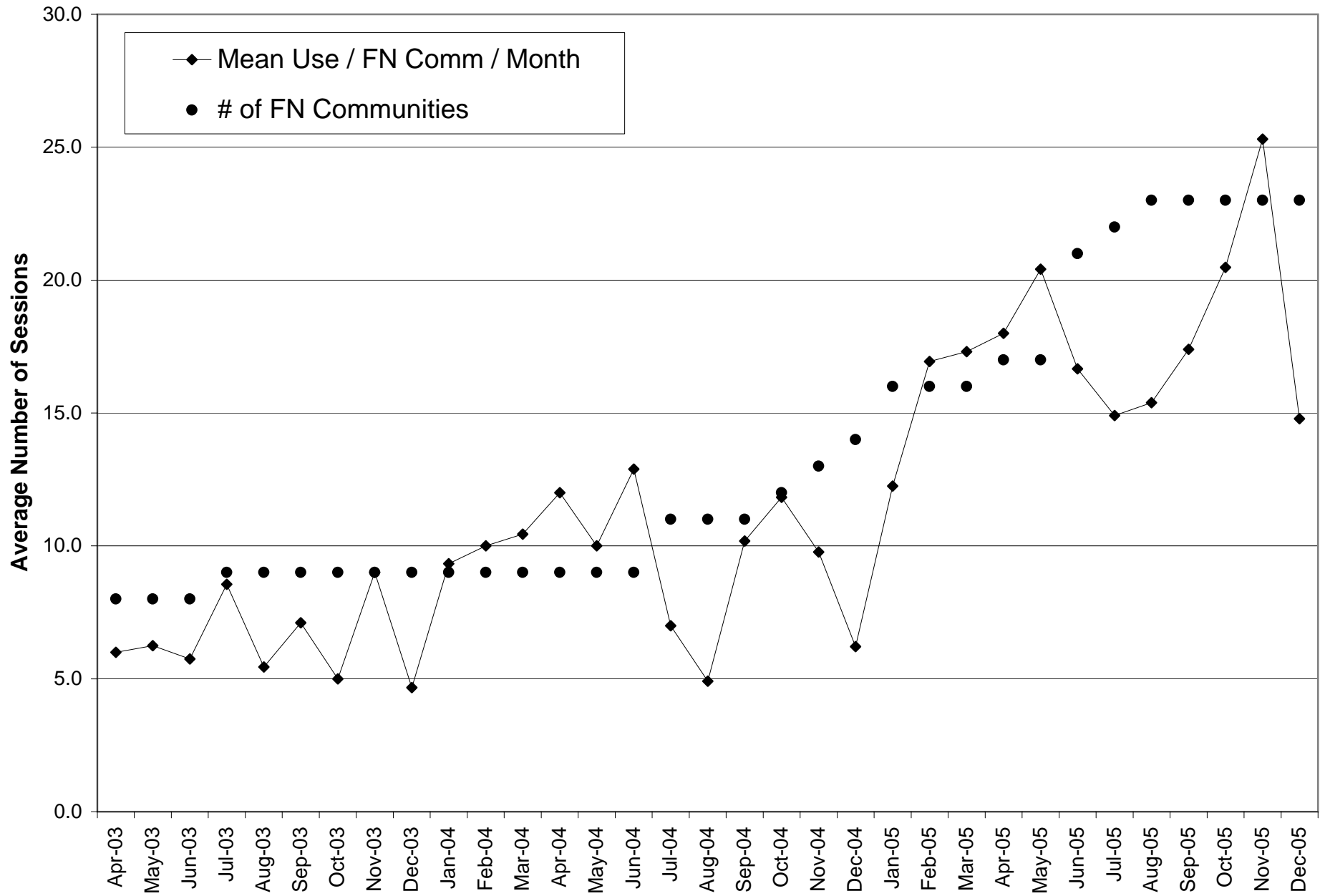
5 Main Sites Last 12 months											
Community	Clinical	%	Education	%	Training	%	Meeting	%	Other	%	Total
Thunder Bay	278	62.2%	127	28.4%	1	0.2%	33	7.4%	8	1.8%	447
Toronto	74	67.3%	36	32.7%	0	0.0%	0	0.0%	0	0.0%	110
Winnipeg	162	67.2%	63	26.1%	5	2.1%	6	2.5%	5	2.1%	241
Sioux Lookout	563	51.8%	329	30.3%	4	0.4%	165	15.2%	26	2.4%	1087
Balmertown / Red Lake	45	5.5%	196	24.0%	234	28.6%	230	28.1%	113	13.8%	818
Total	1122	41.5%	751	27.8%	244	9.0%	434	16.1%	152	5.6%	2703
mean	224	50.8%	150	28.3%	49	6.3%	87	10.6%	30	4.0%	541
median	162	62.2%	127	28.4%	4	0.4%	33	7.4%	8	2.1%	447
min	45	5.5%	36	24.0%	0	0.0%	0	0.0%	0	0.0%	110
max	563	67.3%	329	32.7%	234	28.6%	230	28.1%	113	13.8%	1087
count	5	5	5	5	5	5	5	5	5	5	5

9 First FN communities With The Longest Running Telehealth Service - last 12 months											
Community	Clinical	%	Education	%	Training	%	Meeting	%	Other	%	Total
Deer Lake	66	22.5%	90	30.7%	20	6.8%	94	32.1%	23	7.8%	293
Fort Severn	26	10.1%	123	47.7%	29	11.2%	71	27.5%	9	3.5%	258
Kingfisher	32	11.7%	97	35.4%	54	19.7%	72	26.3%	19	6.9%	274
Keewaywin	25	11.0%	115	50.7%	26	11.5%	49	21.6%	12	5.3%	227
North Spirit	40	15.9%	93	37.1%	18	7.2%	79	31.5%	21	8.4%	251
Poplar Hill	63	20.5%	113	36.7%	34	11.0%	91	29.5%	7	2.3%	308
Sandy Lake	70	32.4%	37	17.1%	20	9.3%	74	34.3%	15	6.9%	216
Wapekeka	54	21.2%	69	27.1%	33	12.9%	91	35.7%	8	3.1%	255
Wunnumin	44	16.9%	64	24.5%	61	23.4%	79	30.3%	13	5.0%	261
Total	420	17.9%	801	34.2%	295	12.6%	700	29.9%	127	5.4%	2343
mean	47	18.0%	89	34.1%	33	12.6%	78	29.9%	14	5.5%	260
median	44	16.9%	93	35.4%	29	11.2%	79	30.3%	13	5.3%	258
min	25	10.1%	37	17.1%	18	6.8%	49	21.6%	7	2.3%	216
max	70	32.4%	123	50.7%	61	23.4%	94	35.7%	23	8.4%	308
count	9	9	9	9	9	9	9	9	9	9	9

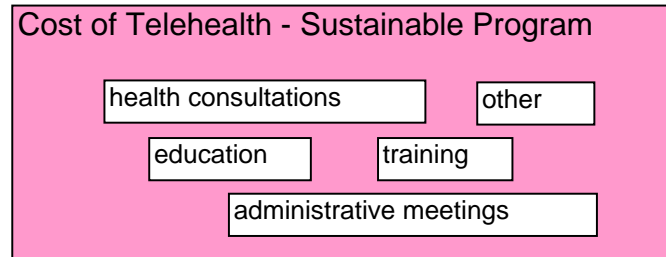
Evaluation of the KOTH/NORTH Network Expansion Project



Evaluation of the KOTH/NORTH Network Expansion Project



Telehealth Module-Costs



Costs

* Cost of a Sustainable Program -- actual cost of communications, personnel, minor equipment upgrades or purchase, etc.

* Excludes major capital start-up costs.

SOURCE: service providers (KOTH, K-net); telecom companies; equipment vendors; etc.

Annuitization of Telehealth Capital

Sustainable Program

3 years (36 months)

Model Assumptions

ID	Cost Item	Specifics	Unit Price				
Cost-03a		Amortization (interest) rate	0.01%	change this value	.0001 to .05 (0.01 to 5%)		
Cost-03b	Sustainable Program	Amortization period (months)	36	change this value	<table border="1"> <tr> <td>Annuitizing factor</td> <td>0.333</td> </tr> </table> based on rate and number of years	Annuitizing factor	0.333
Annuitizing factor	0.333						
				Standard formula for annuitization of capital expenditures.	See, for example, page 70 in Drummond, et al. 1990.		
	Cost Sensitivity Factor	default=1.00	1.00	change this value	0.8=20% lower costs 1.2=20% higher costs		
	Savings Sensitivity Factor	default=1.00	1.00	change this value	0.8=20% lower savings 1.2=20% higher savings		

ID theme and number are from Evaluation Framework.

Sustainable Program Cost for the Telehealth Network

3 years (36 months)

Costs = DESIGN (estimated purchases and expenses)					Sustainable	
ID	Cost Item	Specifics	Unit Price	Quantity	Total Cost	
Equipment Costs (Capital)						
Cost-01a	Telehealth platforms, Peripherals and	First Nations Communities	\$56,250	3	\$168,750	
Cost-01b	medical devices, Computers, monitors, etc.,	Red Lake, Sioux Lookout	\$56,250	0	\$0	
Cost-01c	Cables, Software, includes warranties	Thunder Bay, Winnipeg	\$56,250	0	\$0	
Cost-01e	Installation (or purchase) of land line (or microwave towers) and associated costs	network cabling for nursing stations and connectivity	\$630,000	0	\$0	
Cost-01f	Satellite earth stations and related costs	included?	??		\$0	
Cost-02a	Shipping & handling, Installation	included?	??		\$0	
Cost-05a	Construction/ renovation, Office furnishings	FedNor-Furn & Equip -Additional	\$415,207	0	\$0	
	Other equipment	network routers (RL, SL) (TB, Win. In-kind)	\$35,000	1	\$35,000	
	Other equipment	community routers & switches	\$2,200	3	\$6,600	
	Other equipment	large screen video conference units	\$26,000	1	\$26,000	
Cost-02b	Warranty/ maintenance/ insurance	10% of "other" equipment costs/year			\$6,760	
	Taxes	included			\$0	
<i>Data Source: KOTH sustainability & pilot project budgets</i>					9% of annual cost	\$243,110
					Sustainable	
ID	Cost Item	Specifics	Unit Price	Quantity	Total Cost	
Equipment Costs (Annual)						
Cost-04a	Access and line charges (hook-up included above with installation)	\$1200/month/site =\$14,400/year	\$14,400	24	\$345,600	
Cost-04b	Other access charges	\$48,000/y SSHA network interface-ISDN/bridging	\$48,000	1	\$48,000	
Cost-04b	Other access charges	\$90,000/y K-net	\$90,000	1	\$90,000	
Cost-05b	Building operations, Room rental	included in admin overhead	??		\$0	
Cost-08	Overhead	included in admin overhead	??		\$0	
<i>Data Source: KOTH sustainability budget</i>					17% of annual cost	\$483,600

Evaluation of the KOTH/NORTH Network Expansion Project

					Sustainable	
ID	Cost Item	Specifics	Unit Price	Quantity	Total Cost	
Other Costs (Annual)						
Cost-09	Promotion/ marketing		\$35,000	1	\$35,000	
Cost-07a	Training/ education	Staff development and special projects support	\$27,000	1	\$27,000	
Cost-07b	Project travel		\$38,250	1	\$38,250	
Cost-07c	Project management		\$36,667	1	\$36,667	
<i>Data Source: KOTH sustainability budget</i>			<i>5% of annual cost</i>		\$136,917	
					Sustainable	
ID	Cost Item	Specifics	Unit Price	Quantity	Total Cost	
Personnel Costs (Annual)						
Cost-06a	Salary + benefits (13.5%)	CTCs	\$34,050	24	\$817,200	
Cost-06b	Salary + benefits (13.5%)	KOTH personnel K-net personnel	\$902,325	1	\$902,325	
	Administrative overhead (15%)	15% of base salary for both KOTH personnel and CTCs	\$227,250	1	\$227,250	
<i>Data Source: KOTH sustainability budget</i>			<i>69% of annual cost</i>		\$1,946,775	
					\$2,810,402	

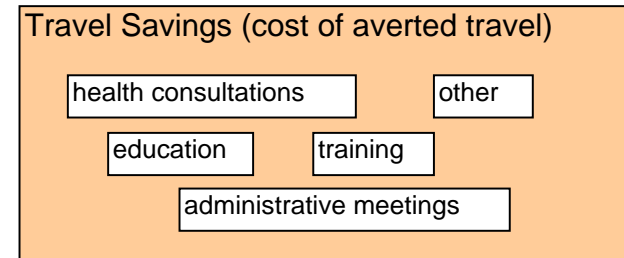
Annual Telehealth Network costs approporitioned by frequency of type of use

Sustainable Program	Type of Use	Frequency of Use (%)	Source of Cost Estimate Design
	Clinical	38%	\$1,078,465
Education	21%	\$583,626	
Training	18%	\$500,758	
Meetings	15%	\$416,707	
Other	8%	\$230,846	
Total	100%	\$2,810,402	

Values are adjusted here by a cost sensitivity factor.

Cost Sensitivity Factor	1.00
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Travel Module-Averted Costs (Savings)



Averted Costs or Savings

Health Consultations Travel Sub-Module

* Cost of travel by patients and escorts (accompanying persons) to visit health care providers

**Schedevacs (scheduled medically necessary travel)

SOURCE: Health Canada, FNIHB, NIHB (need Band Council Resolutions to authorize release).

**Medevacs (emergency/unscheduled medically necessary travel)

SOURCE: Ontario Ministry of Health and Long-Term Care (need BCRs to authorize release).

Education/Training Travel Sub-Module

* Cost of travel for health education/training

SOURCE: KOTH, (Health Canada)

Administrative Meetings Travel Sub-Module

* Cost of travel for administrative meetings

SOURCE: KOTH, (Health Canada)

NOTES: (a) travel included transportation, accommodation, food and incidentals (registration, parking, supplies, etc.)
(b) travel costs were estimated from: (i) administrative/accounting values; or (ii) commercial air fares, hotel charges or hospital per diem, food and incidental per diem, registration fees, etc.

Evaluation of the KOTH/NORTH Network Expansion Project

Cost Estimates

\$8,000	medevac from Fort Severn (p 14 in Canada Connects magazine, Spring 2004) OHIP.
\$5,000	medevac cost mentioned in "Turning the corner" video; reiterated by Dr. Dermot McLoughlin in same video -OHIP
\$12,000	medevac cost mentioned in "Turning the corner" video -OHIP
\$3,875	Average Air Ambulance Ontario billing for standard agreement operators (April - December 2003). Decreased to \$2101 by a January 2005 policy. Source: Office of the Auditor General, 2005. Chapter 3 Section 3.01 Ambulance Service - Air).
\$7,503	Average Air Ambulance Ontario billing for critical care and preferred provider operators (April - December 2003). Decreased to \$3057 by a January 2004 policy. Source: Office of the Auditor General, 2005. Chapter 3 Section 3.01 Ambulance Service - Air).
1,530	Number of air ambulance transfers from 20 First Nations communities in Sioux Lookout Zone in fiscal year 2004/2005. Source: Ontario Air Ambulance Services Corporation.
16,827	Number of approved medical specialist consultations requiring travel in fiscal year 2002/2003. Source: NIHB Program data reported in PHCTF.
3,097	Number of medevacs in fiscal year 2002/2003. Source: NIHB program data reported in PHCTF Application of KOTH/NORTH Network Expansion Plan, May 2003.
\$5,700	Air ambulance, Nova Scotia. Source: Institute of Health Economics (IHE). 2002. A National List of Provincial Costs for Healthcare: Canada 1997/8, Edmonton, AB.
\$3,000	Air ambulance, Alberta. Source: IHE 2002.

Caveat: Non-Insured Health Benefit data are typically recorded for each passenger and for each leg of the trip. Multiple records may exist for a given trip to correspond to different reimbursement categories. Therefore averages may underestimate the actual cost of a patient (+/- escort) who leaves the community for medical care.

\$1,200	schedevac from Fort Severn (p 14 in Canada Connects magazine, Spring 2004) NIHB
\$1,250	average cost NIHB (John Rowlandson, personal communication, June 21, 2005, based on 7.25 trips/ site, 25 sites \$2.72M/year)
\$628	average cost (per patient or per passenger?) (per leg?) NIHB (PHCTF application, John Rowlandson, based on \$12,504,561 for 19,924 trips in Fiscal Year 2002 / 2003)
\$2,716	Total cost of schedevac from Popular Hill to Sioux Lookout - patient and escort for 3 days. Source: Keresztes et al. 2002. Evaluation of the Keewaytinook Okimakanak Telepsychiatry Pilot Project. Includes psychiatrist's wages (\$200) and overhead (\$145).
\$4,077	Total cost of schedevac from Popular Hill to Sioux Lookout - patient and escort for 5 days. Source: Keresztes et al. 2002. Evaluation of the Keewaytinook Okimakanak Telepsychiatry Pilot Project. Includes counsellor's wages (\$600) and overhead (\$580).

Not all Travel Costs are Savings

Some telehealth sessions will replace travel and some will be in addition to what would have occurred in the past.

Telehealth sessions will avert a trip for those situations that would have required a trip in the past (or would have required a trip in a community without telehealth). For these averted trips it is valid to compare the full cost of telehealth to the full cost of travel (averted travel cost = savings).

Percentage averted was estimated for the major types of telehealth sessions.

However, we know that not all telehealth sessions will avert a trip that would have occurred in the past. This is because telehealth, relative to travel, may be more convenient in time and dollars to the patient and other users. Total use may be higher because of Thus some of these telehealth sessions are in addition to what would have occurred in the past and, from an economic point of view, these additional telehealth sessions have lower value. This is because community members, band councils, charitable organizations, government agencies, etc., did not place the same monetary value on these sessions in the past. For these additional or "new" sessions, the full cost of telehealth is compared against an adjusted cost of travel, to reflect the historically lower value placed on travel for this type of session.

"New" telehealth, however, may have a future monetary value if, for example, improved access to health, education and social services leads to improved quality of life and a higher standard of living. These additional benefits can be explored in the model by changing the monetary value of "new" telehealth from the lower default settings to settings that reflect the potential monetary benefits.

The **Valuation Factor** is the % of the travel cost that is assumed to represent a real savings.

It is set at typically 100% for telehealth sessions that averted a trip. (See below for exceptions.)

It is set at some other % for telehealth sessions that are in addition to what would have required travel in the past. This factor is the value that stakeholders wish to place of these additional sessions and as such is expected to vary depending on the stakeholder's perspective. In this instance, it is an estimate of the present-day value of future monetary benefits of "new" telehealth.

Note: Sensitivity analyses were used to explore a range of values to determine the impact on the cost comparison, including calculation of a break-even point, where applicable.

Estimates by Type of Session

Averted Trips		Valuation Factor	
60% of telehealth clinical sessions averted a trip: default 60%, range 40-90% (see below)		Valuation Factor for averted clinical trips assumed to be 100%	100%
40% of telehealth clinical sessions are additional sessions (by subtraction)		There is real value to "new" clinical sessions. Consider a default Valuation Factor of 50%, range 25-100%.	50%
10% of <i>educational</i> sessions averted a trip: default 10%		Valuation Factor for averted <i>educational</i> trips assumed to be 100%	100%
90% of <i>educational</i> sessions are additional sessions (by subtraction)		There is real value to "new" <i>educational</i> sessions. Consider a default Valuation Factor of 30%, range 10-60%.	30%
1% of <i>training</i> sessions averted a trip: default 1%. Set very low because these training sessions are not needed if there is no telehealth.		Valuation Factor for averted <i>training</i> trips assumed to be very low because <i>training</i> sessions are not needed if there is no telehealth but these TH sessions do provide some benefits beyond telehealth (5%)	5%
15% of <i>training</i> sessions are additional sessions (by subtraction)		Valuation Factor for "new" telehealth assumed to be very low given that <i>training</i> sessions are not needed if there is no telehealth but these TH sessions serve an educational need. (5%)	5%
10% of <u>meeting</u> sessions averted a trip: default 5%		Valuation Factor for averted <u>meeting</u> trips assumed to be 100%	100%
90% of <u>meeting</u> sessions are additional sessions (by subtraction)		There is value to "new" telehealth if more people are able to attend meetings, but Valuation Factor is assumed to be low to reflect the choice and cost of staying in community versus travel. (5%)	5%
1% of "other" sessions averted a trip (family visits, demos, tests): default 1%. Set very low because demos and tests are not needed if there is no telehealth.		Valuation Factor for averted "other" trips assumed to be low because demos and tests are not needed if there is no telehealth. There is real value to Family visits, but these are infrequent (1%)	1%
99% of "other" sessions are additional sessions (by subtraction)		A similar argument can be made for "new" telehealth for "other" sessions.	1%
↑ Estimates in red are best guesses. <i>Pairs of estimates must sum to 100%</i>			↑ Estimates in red are best guesses. <i>Pairs of estimates are independent</i>

Estimates Notes

	Valuation Factor
<p data-bbox="128 267 241 332"><i>Averted clinical</i></p> <p data-bbox="556 240 730 267">Averted Trips</p> <p data-bbox="262 272 1150 560">The Evaluation Team, with the support of KOTH and NORTH Network personnel, asked medical specialists to determine whether the telehealth session would have required an in-person consultation in the past. The survey was conducted in July, October and November 2005 at two referral sites. We received 35 responses from specialists in 10 fields. Surgery (8 references), psychiatry (7), and gastrointestinal (6) were the most frequent specialties listed. Sixty-eight percent of the telehealth sessions would have required a face-to-face consultation in the past and another 15% were considered as possibly requiring face-to-face in the past.</p> <p data-bbox="262 662 1150 1047">It is assumed that most follow-up consults currently conducted by telehealth would have required a face-to-face consult in the past. Thus the percentage of clinical telehealth sessions that were conducted for follow-up consults is another estimate of averted travel. Data from 34 telehealth sessions suggest that 56% were for follow-up and the remainder were for initial consults. KOTH-North Network telehealth referral sheets were examined for seven First Nation communities for April 2003 to June 2005 to provide another estimate of the percentage of telehealth sessions used for follow-up. These data suggest that on average, 48% (median = 45%) of the telehealth sessions were for follow-up (Table D). The pooled average was 53%. The proportion of initial consultations done by telehealth that would have averted a trip is unknown.</p> <p data-bbox="262 1084 1150 1209">Three estimates of the percentage of telehealth sessions that averted travel were 68% and 56% (based on 35 specialist consults) and 45-53% (based on 402 referral sheets). We used 60% as the default estimate for percent averted travel, with a suggested range of 40-90%.</p>	<p data-bbox="1165 272 1743 332"><i>There is no empirical basis for any estimate of the Valuation Factor.</i></p> <p data-bbox="1165 370 1848 430">The default estimates for the Valuation Factor are educated guesses based on expert opinion.</p> <p data-bbox="1165 467 1858 560">It would be useful to explore the impact of other levels of the valuation factors on the final result. Suggested range would be 1/2 to 2 times that of default value for Valuation Factor.</p>

Estimates Notes (continued)

Averted Trips	Valuation Factor
<p><i>There is no empirical basis for any other averted travel estimate.</i></p> <p>The averted travel estimates for education, training, meetings and other were based in part on conversations with KOTH personnel and the evaluator's educated guess.</p> <p>A study of telepsychiatry in Norway by Gammon et al. (1996) found that 59% of the 140 telepsychiatry sessions would have required travel in the past. Approximately 25% was "new" telehealth with the remaining alternatives to telehealth being the telephone (14%) and mail/fax (2%).</p> <p>Approximately 50% of the telepsychiatry sessions were for meetings, 21% for clinical supervision, 14% for clinical work (typically without the patient), 10% for education and 5% for tests / demonstrations.</p> <p>Our default estimates for averted travel for non-clinical use are much more conservative given that the main mode of travel in Norway would be by road versus by air in Northwestern Ontario.</p> <p>Source: Gammon, D., et al. 1996. Videoconferencing in psychiatry: a survey of use in northern Norway. Journal of Telemedicine and Telecare 2:192-198.</p>	

Travel Savings - Summary (clinical, educational, training, administrative and other)

Sustainable Program

Note: These estimated utilization numbers are for First Nations communities and are higher than that for the Network as a whole. Estimated utilization for First Nations communities is higher because one Network Session may involve on or more First Nations Communities.

Potential savings occur if travel to and from First Nations communities is averted and so First Nations community utilization drives the travel savings estimates. Any comparison of future utilization is made for the Network as a whole.

Average	8579
Median	8631
Low	1758
High	12411
Ratio	6485 =global average

Value used to estimate savings → 8579

Model Assumptions		Sustainable Program						
Item		Clinical	Educational	Training	Administrative	Other		
Total number of telehealth sessions- Projected Utilization		1538	2933	1080	2563	465		
percent of telehealth sessions that averted travel		60%	10%	1%	10%	1%		
averted number of trips	$1538 * 0.6 =$	923	$2933 * 0.1 =$	293		11	256	5
average number of people / trip		1.5	3	1.5	3	1		
Valuation Factor (% of travel cost assumed to be savings) (previous sheet).		100%	100%	5%	100%	1%		
New telehealth								
Number of new telehealth sessions	$1538 - 923 =$	615	$2933 - 293 =$	2640	1069	2307	460	
Valuation Factor (% of travel cost assumed to be savings) - NEW TH		50%	30%	5%	5%	1%		

Evaluation of the KOTH/NORTH Network Expansion Project

Estimate BUILT UP from invoices, literature, commercial values			Sustainable Program									
Cost Item	Unit cost	Note	Clinical		Educational		Training		Administrative		Other	
Itemized Costs / Trip												
Transportation Costs												
air fare (return-patient or 1st person)	\$450		0.90	\$405	1	\$450	1	\$450	1	\$450	1	\$450
air fare (medevac)	\$5,000		0.10	\$500								
air fare (patient goes home after medevac)	\$270	60% of return fare	0.10	\$27								
air fare (return-escort or other people)	\$450		0.5	\$225	2	\$900	0.5	\$225	2	\$900	0	\$0
Transportation sub-total				\$1,157		\$1,350		\$675		\$1,350		\$450
Daily Costs												
accommodation-patient-SL hospital	\$799		0.90	\$719								
accommodation-patient-SL hostel	\$28		0.10	\$3								
accommodation-escort or others-SL hotel	\$90		0.5	\$45	3	\$270	1.5	\$135	3	\$270	1	\$90
food and misc.	\$50	per diem, includes local travel, private accommodation etc.	1.5	\$75	3	\$150	1.5	\$75	3	\$150	1	\$50
total cost for each day				\$842		\$420		\$210		\$420		\$140
Number of Days per trip				2.5		2.5		1.5		1.5		1
Daily Costs sub-total			\$842 * 3 =	\$2,105		\$1,050		\$315		\$630		\$140
Other Costs / Trip				\$1		\$1		\$1		\$1		\$1
Total average cost / trip-BUILT-UP estimate				\$3,263		\$2,401		\$991		\$1,981		\$591
Total annual savings-BUILT-UP				\$3,010,570		\$704,189		\$535		\$507,746		\$27
"New" telehealth travel savings				\$1,003,523		\$1,901,310		\$52,987		\$228,486		\$2,721
Total annual savings-with "New" telehealth travel savings				\$4,014,093		\$2,605,498		\$53,522		\$736,232		\$2,748

Evaluation of the KOTH/NORTH Network Expansion Project

Sustainable Program					
<i>Values are adjusted here by savings sensitivity factor.</i>		Annual Potential Travel Savings Estimate		Annual Potential Savings Travel Savings Estimate with "New" telehealth	
Savings Sensitivity	1.00	Agency Values	Built-up estimate	Agency Values	Built-up estimate
Type of Averted Travel					
Clinical		\$2,257,927	\$3,010,570	\$3,010,570	\$4,014,093
Educational		\$528,142	\$704,189	\$1,954,124	\$2,605,498
Training		\$401	\$535	\$40,141	\$53,522
Meeting		\$380,810	\$507,746	\$552,174	\$736,232
Other		\$21	\$27	\$2,061	\$2,748
Total		\$3,167,301	\$4,223,068	\$5,559,070	\$7,412,094

Assumptions and Values	Type of Use	Basis for Estimate
Utilization		
Total number of telehealth sessions- Projected Utilization	all types	Estimated use based on 9 FN communities with longest running TH service.
percent of telehealth sessions that averted travel	clinical	Based on 2 averted travel surveys (see Travel Module tab).
average number of people / trip	Clinical Training	patient + escort on 1 of 2 trips = 1.5 people CTC + backup every 2nd session = 1.5 people
Transportation Costs		
air fare (return-patient or 1st person)	Clinical	NIHB data for 21 FN communities in FY03/04 =\$215/leg of tripx2=\$430 (return) (50% of 1-way trips to Sioux Lookout, 30% to Thunder Bay & 20% to WPG). Average commercial return fare from 5 FN communities to SL (Jul-05) =\$300 (includes tax) * 1.5 to include travel to Thunder Bay or Winnipeg =\$450.
air fare (medevac)	Clinical	Average billing for April - December 2003 was \$3,875 to \$7,503 per trip for all of Ontario. Source: Office of the Auditor General, 2005. Chapter 3 Section 3.01 Ambulance Services - Air. Data from the PHCFT suggest that approximately 15% all trips were medevacs. The model assumes a conservative value of 10%.
Daily Costs		
accommodation-patient-SL hospital	Clinical	2005 interprovincial per diem rates for SLDHC (assumed to include meals). Source: Ministry of Health and Long-Term Care.
accommodation-patient-SL hostel	Clinical	Average cost of \$28 per night per person includes 1.5 meals. 11,684 clients staged in hostel in fiscal year 2004/2005. Source: NODIN. Another source puts the figure at \$78 per night (Keresztes C. and Shaw R. 2002. Evaluation of the Keewaytinook Okimakanak Telepsychiatry Pilot Project.)
accommodation-escort or others-SL hotel	all types	17,671 clients were placed in Sioux Lookout hotels in fiscal year 2004/2005 at an average cost of \$90 a day. Source: NODIN. Average commercial costs of hotels in Sioux Lookout, Balmertown and Red Lake was \$88-105, taxes included. July 2005.

User-Defined Key Variables

This page contains an interactive listing of variables that can be customized or changed by the user. Justification, such as by empirical data or journal article,

Worksheet (Tab) & Variable	Value	Explanation	Range and default
Annuitization of Telehealth Capital			
Amortization rate (%)	0.01%	Interest rate for depreciation or amortization of telehealth capital.	Suggested range 0.01 to 5%, default 0.01%.
Amortization period (months)	36	Sustainable program is budgeted for 3 years.	
Cost sensitivity factor	1.00	Adjustor to see how changes in costs affect overall results.	(1.2 = 20% more & 0.8 = 20% less costs), default 1.00.
Savings sensitivity factor	1.00	Adjustor to see how changes in savings affect overall results.	(1.2 = 20% more & 0.8 = 20% less savings), default 1.00.

Travel Module

Averted travel

Averted-Clinical	60%	Percent of telehealth clinical sessions that averted a trip.	Suggested range 40-90%, default 60%.
Not averted-Clinical	40%	Percent of telehealth clinical sessions that are new sessions (by subtraction).	Not averted obtain by subtraction (100% - % averted)
Averted-Educational	10%	Percent of educational sessions that averted a trip.	Default 10%.
Not averted-Educational	90%	Percent of educational sessions that are new sessions (by subtraction).	Not averted obtain by subtraction (100% - % averted)
Averted-Training	1%	Percent of training sessions that averted a trip.	Default 1%. Set very low because these training sessions are not needed if there is no telehealth.
Not averted-Training	99%	Percent of training sessions are new sessions (by subtraction).	Not averted obtain by subtraction (100% - % averted)
Averted-Meetings	10%	Percent of meeting sessions averted by a trip.	Default 10%.
Not averted-meeting	90%	Percent of meeting sessions that are new sessions (by subtraction).	Not averted obtain by subtraction (100% - % averted)
Averted-Other	1%	Percent of other sessions averted a trip (family visits, demos, tests). Set very low because demos and tests are not needed if there is no telehealth.	Default 1%.
Not averted-Other	99%	Percent of other sessions that are new sessions (by subtraction)	Not averted obtain by subtraction (100% - % averted)

Evaluation of the KOTH/NORTH Network Expansion Project

Worksheet (Tab) & Variable	Value	Explanation	Range and default
Valuation Factor			
Averted travel (as a % of travel costs)			
Clinical	100%	Valuation Factor for averted clinical trips assumed to be 100%.	A trip averted is a trip saved, 100%.
Educational	100%	Valuation Factor for averted educational trips assumed to be 100%.	A trip averted is a trip saved, 100%.
Training	5%	Valuation Factor for averted training trips assumed to be very low because <i>training</i> sessions are not needed if there is no telehealth but these TH sessions do provide some benefits beyond telehealth.	Default 5%.
Meeting	100%	Valuation Factor for averted meeting trips assumed to be 100%	A trip averted is a trip saved, 100%.
Other	1%	Valuation Factor for averted " other " trips assumed to be low because demos and tests are not needed if there is no telehealth. There is real value to Family visits but these are infrequent.	Default 1%.
New telehealth (as a % of travel costs)			
Clinical	50%	There is real value to "new" clinical sessions.	Suggested range 25-100%, default 50%.
Education	30%	There is real value to "new" educational sessions.	Default 30%.
Training	5%	Valuation Factor for "new" telehealth assumed to be very low given that training sessions are not needed if there is no telehealth but these TH sessions serve an educational need.	Default 5%.
Meeting	5%	There is value to "new" telehealth if more people are able to attend meetings , but Valuation Factor is assumed to be low to reflect the choice and cost of staying versus travel.	Default 5%.
Other	1%	A similar argument can be made for "new" telehealth for " other " sessions.	Default 1%.

Evaluation of the KOTH/NORTH Network Expansion Project

Worksheet (Tab) & Variable	Value	Explanation	Range and default
Travel Savings			
Estimated utilization in 24 First Nation Communities.	8579	This estimated utilization was used to estimate potential savings.	There is no default value. Estimated utilization derived from First Nation communities may differ from utilization derived from the Network as a whole because one or more First Nation communities may participate in a Network session.
Model Assumptions			
Average number of people / trip:	1.5	The number is above 1 if on average a patient has an escort.	There should always be at least 1 person (the patient) on a trip, default 1.5.
* Clinical	3	Educated guess	Default 3 people per trip / event.
* Educational	1.5		Default 1.5 people per trip / event.
* Training	3		Default 3 people per trip / event.
* Administrative	1		Default 1 people per trip / event.
* Other			
Agency Values			
use % of built-up estimate (%)	75.0%		Default 66.7%.
Estimate BUILT UP			
Percentage costing of trip:	0.9	The proportion of trips by schedevac, the remainder by medevac.	Default 0.9 (90%).
* Clinical	1		Default 1 (100%).
* Educational	1		Default 1 (100%).
* Training	1		Default 1 (100%).
* Administrative	1		Default 1 (100%).
* Other	1		Default 1 (100%).

Evaluation of the KOTH/NORTH Network Expansion Project

Worksheet (Tab) & Variable	Value	Explanation	Range and default
Transportation Costs			
Air fare (return-patient or 1st person)	\$450	NIHB data for 21 FN communities in FY03/04 =\$215/leg of tripx2=\$430 (return) (50% of 1-way trips to Sioux Lookout, 30% to Thunder Bay & 20% to WPG). Average commercial return fare from 5 FN communities to SL (Jul-05) =\$300 (includes tax) * 1.5 to include travel to Thunder Bay or Winnipeg =\$450.	Default \$450.
Air fare (medevac)	\$5,000	Average billing for April - December 2003 was \$3,875 to \$7,503 per trip for all of Ontario. Source: Office of the Auditor General, 2005. Chapter 3 Section 3.01 Ambulance Services - Air. Data from the PHCFT suggest that approximately 15% all trips were medevacs. The model assumes a conservative value of 10%.	Default \$5000.
Air fare (patient goes home after medevac)	\$270	60% of return fare	Default \$270.
Air fare (return-escort or other people)	\$450	See "Air fare (return-patient or 1st person)" above.	Default \$450.
Daily Costs			
Accommodation-patient-SL hospital	\$799	2005 interprovincial per diem rates for SLDHC (assumed to include meals). Source: Ministry of Health and Long-Term Care.	Default \$799.
Accommodation-patient-SL hospice	\$28	Average cost of \$28 per night per person includes 1.5 meals. 11,684 clients staged in hostel in fiscal year 2004/2005. Source: NODIN. Another source puts the figure at \$78 per night (Keresztes C. and Shaw R. 2002. Evaluation of the Keewaytinook Okimakanak Telepsychiatry Pilot Project.	Default \$28.

Evaluation of the KOTH/NORTH Network Expansion Project

Worksheet (Tab) & Variable	Value	Explanation	Range and default
Accommodation-escort or others-SL hotel	\$90	17,671 clients were placed in Sioux Lookout hotels in fiscal year 2004/2005 at an average cost of \$90 a day. Source: NODIN. Average commercial costs of hotels in Sioux Lookout, Balmertown and Red Lake was \$88-105, taxes included. July 2005.	Default \$90.
Food and misc.	\$50	per diem, includes local travel, private accommodation etc.	Default \$50.
Number of Days per trip: * Clinical * Educational * Training * Administrative * Other	2.5 2.5 1.5 1.5 1	These values are educated guesses based on expert opinion.	Default 2.5. Default 2.5. Default 1.5. Default 1.5. Default 1.5.
Other Costs / Trip: * Clinical * Educational * Training * Administrative * Other	\$1 \$1 \$1 \$1 \$1	These variables can be used to add any other travel cost.	Default \$1. Default \$1. Default \$1. Default \$1. Default \$1.
Cost Comparison			
Limits for comparison	5%	Gives a range above and below the telehealth cost to determine if there are savings or expense.	Default 5%.

* Red values are educated guesses based on expert opinion.

Methods for Comparing Costs to Savings

Utilization for the entire Network includes data for 25 First Nations communities, several main referral sites, such as Sioux Lookout, Balmertown/Red Lake, Thunder Bay, Winnipeg and Toronto, as well as other locations across Canada.

The economic model starts with network utilization because it is easier to obtain.

There are data on the number of First Nations communities that have participated in each Network session and so the economic model is able to convert back and forth between Network Utilization and First Nations utilization.

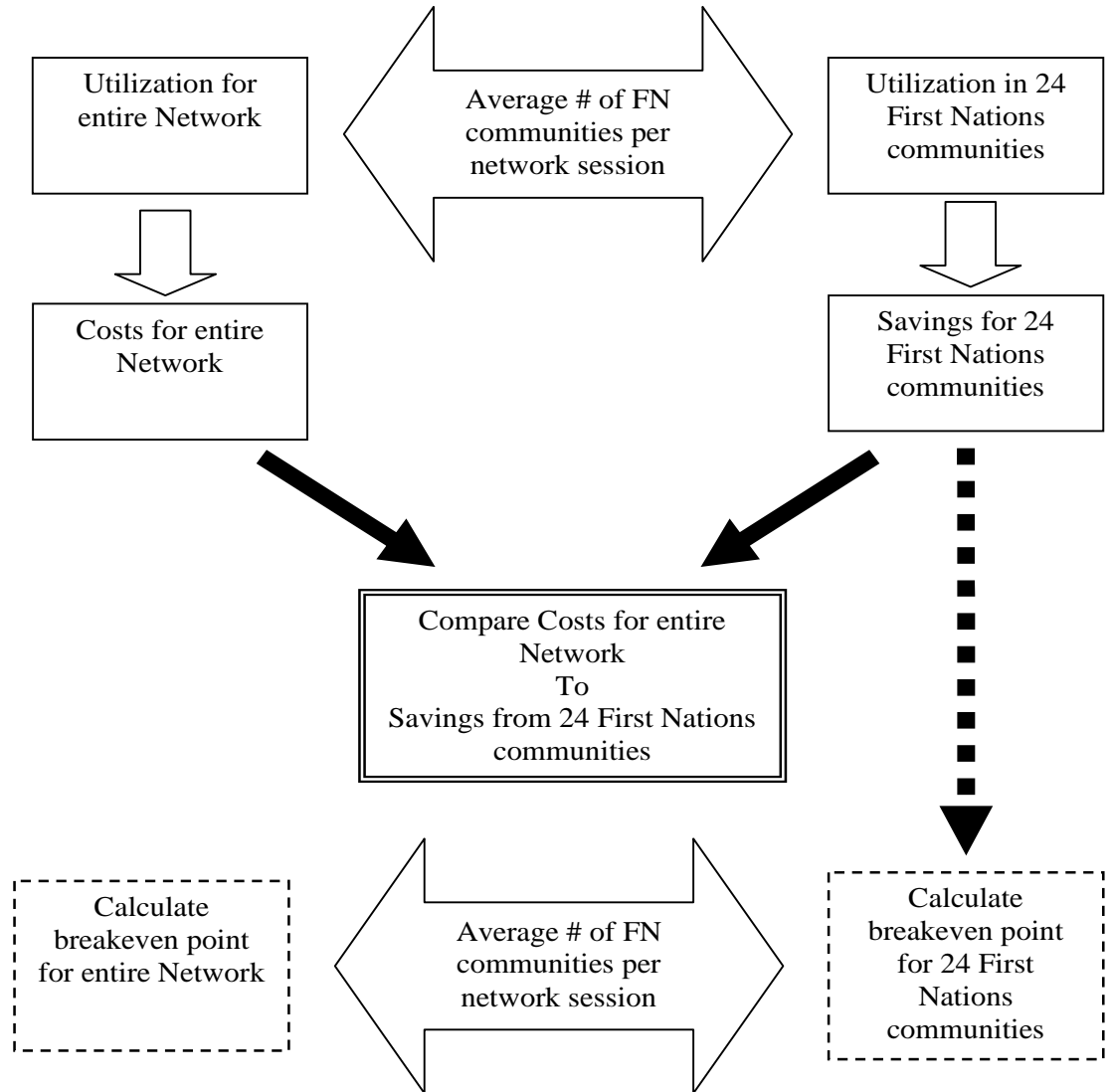
The model calculates travel savings for the 24 First Nations communities. This is based on the argument that most of the averted travel would happen in these communities. In the past, it was the people in these communities who had to travel long distances to seek medical care and then return home.

Network Costs were apportioned by network utilization.

Potential Travel Savings were estimated for the 24 First Nations communities for each major type of use (e.g., Clinical, Educational).

Total costs can be compared directly to total savings. Costs (Network) and Savings (FN communities) for each type of use (e.g., clinical) can be compared because this reflects how the costs and savings occur.

Utilization numbers used for the Network have to be converted to Utilization numbers for the First Nations communities and vice versa.



Sustainable Program
Averted Travel Savings Only

Limits for comparison= **5%**

Cost Comparison		Travel Savings = BUILT-UP estimate					
Network Costs = DESIGN		<i>Clinical</i>	<i>Educational</i>	<i>Training</i>	<i>Meetings</i>	<i>Other</i>	<i>Total</i>
	Travel Savings-Averted Travel only	\$3,010,570	\$704,189	\$535	\$507,746	\$27	\$4,223,068
	Network Costs	\$1,078,465	\$583,626	\$500,758	\$416,707	\$230,846	\$2,810,402
	Net Cost/Saving (savings minus cost)	\$1,932,105	\$120,563	-\$500,223	\$91,040	-\$230,818	\$1,412,666
		The Economic Model suggests that telehealth results in:					
		Savings	Savings	Extra Cost	Savings	Extra Cost	Savings

Sustainable Program

Limits for comparison= **5%**

Averted Travel Savings & Monetary Value of New Telehealth

Cost Comparison		Travel Savings = BUILT-UP estimate					
		<i>Clinical</i>	<i>Educational</i>	<i>Training</i>	<i>Meetings</i>	<i>Other</i>	<i>Total</i>
Network Costs = DESIGN	Travel Savings-Averted Travel + Value of New TH	\$4,014,093	\$2,605,498	\$53,522	\$736,232	\$2,748	\$7,412,094
	Network Costs	\$1,078,465	\$583,626	\$500,758	\$416,707	\$230,846	\$2,810,402
	Net Cost/Saving (savings minus cost)	\$2,935,628	\$2,021,872	-\$447,236	\$319,526	-\$228,098	\$4,601,692
		The Economic Model suggests that telehealth results in:					
		Savings	Savings	Extra Cost	Savings	Extra Cost	Savings

Summary of Model Assumptions

Major Assumptions

- 1 Telehealth network costs were derived from:
Sustainability cost estimates obtained from KOTH
for equipment, connections, renovations/rental, personnel, etc.
- 2 Telehealth network costs were amortized over the duration of:

	36	months.
Interest rate was:	0.01%	
Cost sensitivity factor was:	1.00	
Savings sensitivity factor was:	1.00	

- 3 Telehealth network costs were apportioned by percent use, which was based on number of sessions for each type of use.

Type of Use	Actual Use Based on Last 12 Months				Sustainable Program Based on Last 12 Months		
	Actual Network Use	Frequency of Network Use	Actual First Nations Use	Frequency of First Nations Use	Estimated Network Use	Average Number of First Nations Communities per Network Session	Estimated First Nations Use
Clinical	911	38%	704	17%	1990	0.77	1538
Education	493	21%	1392	33%	1039	2.82	2933
Training	423	18%	613	15%	743	1.45	1080
Meetings	352	15%	1282	30%	704	3.64	2563
Other	195	8%	231	5%	391	1.19	465
Total	2374	100%	4222	100%	4866	1.78	8579

Note: These estimated utilization numbers are for First Nations communities and are higher than that for the Network as a whole. Estimated utilization for First Nations communities is higher because one Network Session may involve on or more First Nations Communities.

Potential savings occur if travel to and from First Nations communities is averted and so First Nations community utilization drives the travel savings estimates. Any comparison of future utilization is made for the Network as a whole.

Different methods could be to apportion telehealth network costs (e.g., total hours of use by each type of use, frequency or time of use by community). The different methods would not affect total cost, but could affect the cost is allocated to the major types of use.

Evaluation of the KOTH/NORTH Network Expansion Project

- 4 Travel is the main alternative to telehealth and averted travel is the main cost savings. Other alternatives would be telephone calls, postal/courier delivery and "do nothing".
- 5 Not all telehealth sessions would have required travel in the past, some telehealth sessions are in addition to what had been delivered in the past.

From an economist's viewpoint, telehealth that averts travel usually has a different monetary value than "new" telehealth.

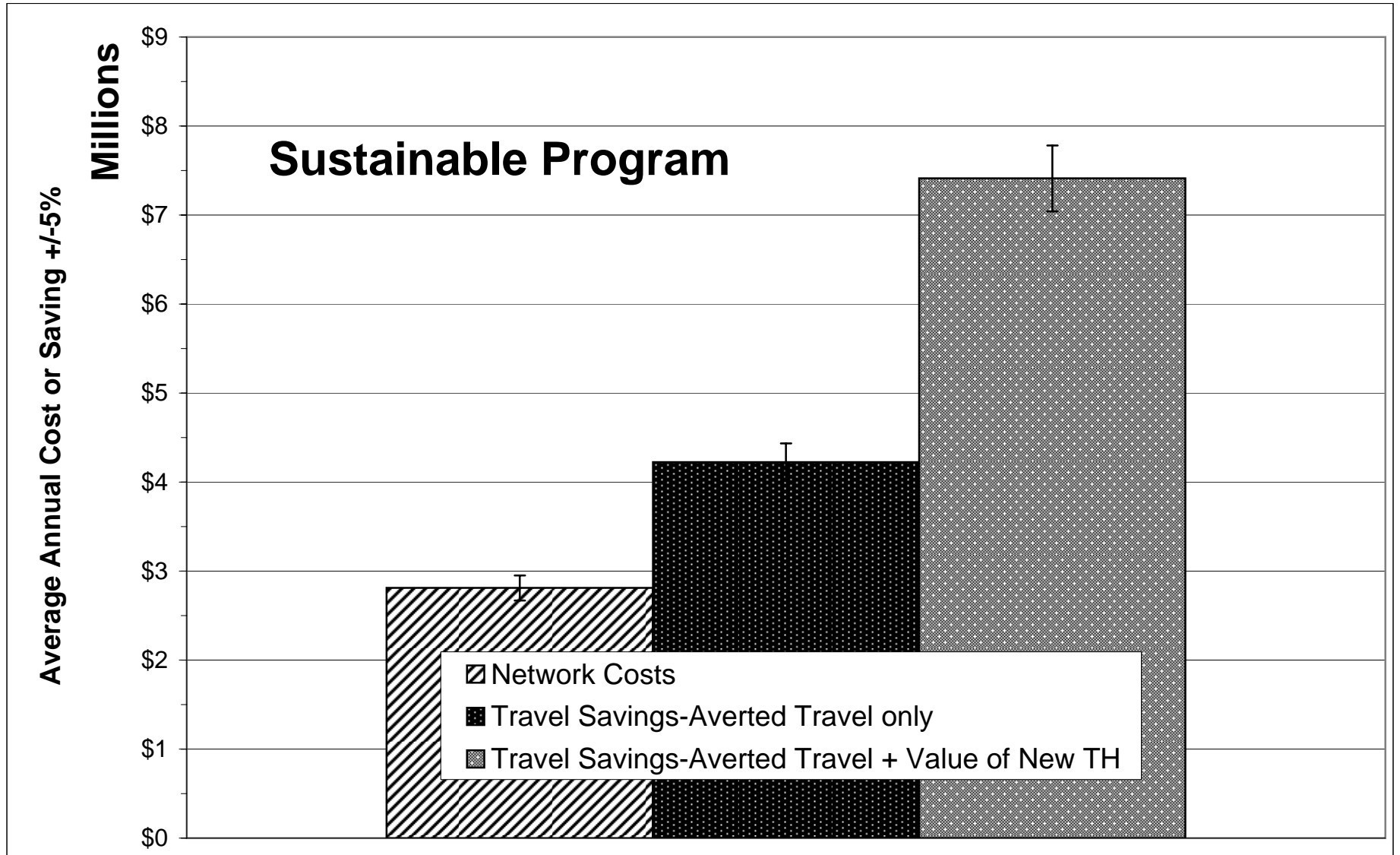
There were two estimates, each with two parts:

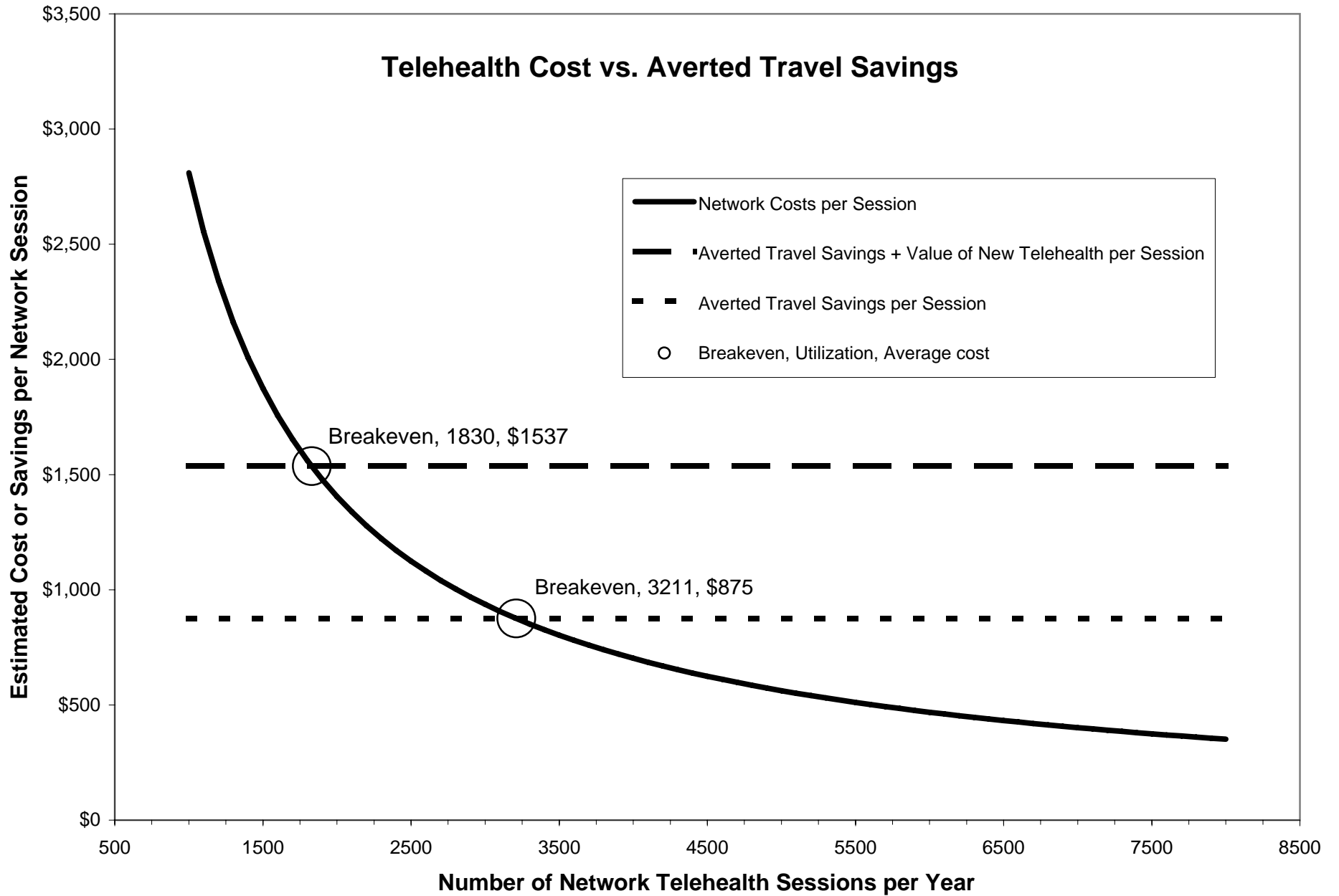
- a. Percent of telehealth sessions that averted travel (the remaining telehealth sessions did not avert travel and were considered to be "new" telehealth). These estimates are linked and must sum to 100%.
- b. Valuation Factor, expressed as a % of travel cost eligible as savings: (i) 100% for telehealth sessions that averted travel (training and other telehealth sessions were valued at only 1% because these sessions would not exist except for telehealth; and (ii) some other % for telehealth sessions that did not avert travel (so-called "new" telehealth). These estimates are separate and distinct--they can sum to any number.

Type of Use	% of TH that Averted Travel	% of TH that is "New"
Clinical	60%	40%
Educational	10%	90%
Training	1%	15%
Meetings	10%	90%
Other	1%	99%

Type of Use	Valuation Factor	
	TH that Averted Travel	"New" TH
Clinical	100%	50%
Educational	100%	30%
Training	5%	5%
Meetings	100%	5%
Other	1%	1%

Model Output for Sustainable Program





Model/Theoretical Questions & Issues

How should telehealth network costs be apportioned? Is % use the most appropriate way to apportion the cost? Should we use % of total time instead? Are there differences in cost/minute among the major types?

Are all costs properly accounted for? The sustainable model does not include initial capital investments, but does include upgrades and maintenance costs.

Is total funding a fair accounting of the cost?

Are there 1-time costs that should be included? Should NOT be included?

Taxes are included

The following costs/savings were not included in the model: lost/gained time (e.g., due to delays, cancellations, changes in productivity); increase/decrease in patient health status, anxiety, quality of life or well-being; increase/decrease in risks associated with increase/decrease in travel; delayed/timely intervention; and re-direction to the inappropriate/appropriate health care service.

Empirical data for each type of use (e.g., clinical, educational, meetings, training and other) are needed for:

- percent averted travel
- number of people/trip (# patients and # escorts for clinical)
- number of days per trip
- agency budgetary cost value
- Consensus is needed on the valuation factor that pertains to dollar value allocated to new telehealth. How much is new telehealth worth in terms of travel costs? (What % of travel costs can be considered as "savings"?)

Response

We are using percent based on frequency to apportion the costs. Biggest discrepancies in % allocation are for clinical frequency vs. time and for education frequency vs. time. Clinical sessions are more frequent but shorter compared to educational sessions.

The economic model represents the average annual costs of a fully operational, sustainable program with regular upgrades and maintenance over three years. Major start-up costs were not included.

The monetary value placed on these benefits and other benefits due to improved access and additional services or the value of prevention, early detection and early intervention is explored (indirectly) in the economic model by assigning a value to "new" telehealth".

We have reasonable data for the % of telehealth that averted travel for clinical sessions. Other estimates are best guesses.