Thank you for your interest in this opportunity. Your candid responses will help us understand the needs of rural hospitals. Short answers are fine. All responses will be held in the strictest confidence.

APPLICANT AND ORGANIZATION

* Name:
* Email:
* Phone:
* EIN:
* Organization Name:
* Address:
* County:

APPLICATION QUESTIONS

1. What is your current hospital staffing structure (FTE, PTE, Contracted, etc.)?
2. Have you had to close any departments or service lines in the past two years?
   1. If Yes, please explain
   2. No
3. Are there any services that are currently outsourced from a larger health system/organization?
   1. If Yes, please explain
4. Do you offer any telehealth services?
   1. If Yes, please respond to all:
      1. What services are offered?
      2. Where are the providers located?
      3. How is a telehealth appointment conducted?
   2. If No, please explain when you anticipate offering telehealth services
5. Is your hospital licensed to offer telehealth services?
   1. Yes
   2. If No, when do you anticipate becoming licensed/approved?
6. What is the amount you are requesting from the Patterson Family Foundation? \*Please note, grant awards are available up to $250,000. You will be asked to provide quotes/bids for your requested equipment in the attachments section.
7. For what purpose will the requested funds be used? \*Use of funds includes telehealth licensing fees, equipment and/or supplies to host appointments, broadband/hotspot expenses, and telehealth providers/organizations fees.
8. What departments/service lines will offer telehealth with this funding?
9. Do you have access to reliable and efficient broadband at your hospital and in your community?
   1. If yes, does your community have a local broadband provider?
   2. If not, what is your solution to ensure there are adequate broadband capabilities to support both patients and providers with telehealth appointments?
10. Does your hospital have the appropriate IT staff and support to assist when issues arise?
    1. Yes
    2. If not, who will support your IT issues and needs?
11. Outside of funding constraints, are there other limitations in offering telehealth services?
12. Have you identified local, regional, or state telehealth providers that can offer services to your patients?
    1. If yes, please list the provider and health care organization, specialty service provided, and location.
    2. If not, what is your approach to identifying the needed specialty providers and services?
13. Does your organization have the appropriate staff in place to coordinate telehealth appointments?
    1. If Yes, please respond to the following:
       1. Is there a schedule identifying which telehealth services are offered and when (i.e., Cardiology appointments on Thursdays)?
       2. Who currently supports telehealth services?
    2. If not, who will assist in coordinating and connecting patients and providers?
14. What is your current referral process to external specialists?
15. If telehealth is not available to patients, how far do they typically need to travel to meet with a specialist?
16. What is the cost or anticipated cost of telehealth appointments for patients?
17. Will telehealth services be billable through insurance companies, Medicaid, and/or Medicare?
18. What is your strategy to keep and/or increase telehealth services at your hospital?
19. What is the anticipated revenue telehealth services will generate for your organization, and how does it affect your operating budget?
20. Are you aware of other funding opportunities and reimbursements available for organizations offering telehealth services?
21. What other barriers or challenges does your hospital currently face?
22. Please share any additional information you would like the Foundation to know.

ATTACHMENTS

Please attach a copy of any quotes or bids for your telehealth equipment & supplies, provider fees, licensing fees or broadband/hotspot expenses.

Please attach a copy of your telehealth licensing credentials (if applicable.)