

FCC Extends Deadline for Rural Health Care Pilot Program

June 30, 2010 deadline extended one year

Contributed by Thomas Buckley, Cindy Spiers, Federal Communications Commission

As the Rural Health Care Pilot Program (RHCPP) continues to progress in providing universal service funding to broadband infrastructure deployment where the need for telemedicine is most acute,

the Federal Communications Commission (FCC) appreciates the opportunity to provide the Oregon

Health Network with program updates. First, in December 2009, as many of your members are aware, the FCC had the privilege of attending a celebration for the launch of OHN Network Operations Center, funded in part by the Pilot Program. FCC Chairman Julius Genachowski stated the significance of this important milestone achievement. "This project provides an important example of how assistance from the Rural Health Care Pilot Program can help provide the robust broadband networks needed for vital telemedi-

cine services," Chairman Genachowski further noted, "These critical improvements in the Oregon Health Network will further broadband's role in delivering the best possible health care to Oregonians, no matter where they live."

The OHN project was also recently commended by the FCC in its announcement concerning Pilot Program funding commitments for 16 broadband telehealth networks that will link hundreds of hospitals regionally in 17 states. This announce-

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Blue Mountain Community College Simulation Lab

Contributed by Art Hill, BMCC and Britt Stetson, OHN Volunteer

I'd like to introduce you to the newest member of the OHN family. He is a permanent patient at the Blue Mountain Community College Allied Health Education Center. Please greet him warmly because this guy has been through a lot. Asthma attacks, seizures, strokes, post-operative traumas, heart attacks, and countless other ailments plague his existence.

Just who is this poor guy? His name is SimMan. Don't worry, because no

matter what affliction he suffers from today, BMCC students will see that he recovers. And if things go wrong as students gain experience, SimMan will always bounce back.

SimMan isn't your average patient. He's an advanced patient simulator that can realistically emulate a wide range of health challenges that BMCC's students will encounter with the real, live patients entrusted to their care.

In the Fall of 2006, Blue Mountain

was one of several community colleges in Oregon to receive a Federal workforce development grant that made it possible to equip a high-fidelity health care lab with three "SimMan" patient simulators. SimMan is incredibly like a human patient. He is life size



SimMan, by Laerdal, is a high-fidelity patient simulator with realistic anatomy and clinical functionality.

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Building the OHN network – One “Anchor Tenant” at Time

Status and summary of the strategy behind leveraging the \$20.2m FCC RHCPP Subsidy

Contributed by Kim Lamb, OHN Executive Director

Twenty million dollars sounds like a lot of money to invest in Oregon’s broadband infrastructure. But in the world of high-speed, high capacity broadband deployment, specifically in the most remote and underserved areas of our state (and country), it’s merely a drop in the proverbial bucket.

Quality high-speed, high-capacity network connectivity is no longer a luxury or “nice-to-have.” It’s a “must have” if we’re at all interested in improving the quality, delivery, and access of care in Oregon and nationwide. High-speed broadband creates an efficient opportunity to electronically deliver information and services at a much lower cost – thereby reducing the cost of those services.

Our goal is to connect upwards of 200 sites on to the OHN network.

The installation of those high-speed quality connections can range anywhere between a few thousand dollars to hundreds of thousands of dollars. Money aside, there is an overarching need for state-wide consensus on the value of broadband. It has undeniable effects on the quality of care, economic and workforce development, as well as an exciting opportunity to use new technology.

The \$20.2 million FCC Rural Health Care Pilot Program (RHCPP) subsidy awarded to OHN has a large impact, but will not solve all of our problems or meet all of our needs. But

with the right collaborative strategy, participant base, and support infrastructure, OHN can create a state-wide health-care broadband network and make a significant contribution.

How do we do this?

- ✓ By reducing the financial barriers to entry (high-costs of installation)
- ✓ By ensuring the quality of service and network performance of our Network Operations Center (NOC) which is required to support telehealth applications and services
- ✓ By helping to drive demand, and/or the use of the OHN connection, to effectively

address return-on-investment concerns; as well as document how improved broadband connectivity can, in fact, impact better health out-

comes

- ✓ Using a state-wide partnership model (our anchor tenant infrastructure) that encourages participants and communities to share information, knowledge, and resources

What is an Anchor Tenant?

Our valued local hospitals, clinics, and educational institutions have in essence become the heart, or “anchor tenants,” of the communities in which we live, work and play. Highly interdependent, the health and the viability of these institutions directly



OHN Executive Director Kim Lamb

affect our quality of life. These anchor tenants serve as primary employers, educators, purchasers and drivers of innovation. They provide a competitive advantage for residents and the extending business community alike which directly impact the economic health of our entire state.

OHN’s Anchor Tenant

Strategy at Work

Phase 1 for OHN is to successfully leverage the \$20.2 million FCC RHCPP subsidy and build a core anchor tenant footprint across the state. While we have no way of knowing how the bids for broadband services will come in, or how far our subsidy funds will get us in our endeavor, our goal is to connect upwards of 200 sites on to the OHN network. From there, we will expand our efforts to help bring on all types of providers who are critical in the delivery of care throughout Oregon.

After the core infrastructure is built, a vital next step is to encourage our anchor tenants to reach deep into their surrounding communities. Our hope is that they will become an advocate for OHN, educating other decision-makers on how they can work better together as a result of their new connectivity and capabilities. In doing so, each community takes ownership of their anchor tenant ecosystem. OHN plans to partner with these valued participants to engage in community-centric discussions to

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BMCC Simulation Lab; continued

with realistic anatomy and clinical functionality. He talks, breathes, has a pulse, and can be examined for blood pressure, heart and lung functions, and more. He can be programmed to have a range of medical conditions enabling students to practice both routine and emergency patient care.

The BMCC simulation lab is used year-round by both nursing and EMT students. The lab and its mannequins serve the important

function of providing life-like training scenarios in a controlled learning environment.

This is especially important in rural community colleges like Blue Mountain, serving students in an 18,000 square mile area of eastern Oregon. The lab and the robust broadband technology that supports it enable the college and regional healthcare providers to work in partnership to give students precious clinical time and experience under a rich variety of patient conditions. With live patients, instructors sometimes have to intervene in critical situations. In the simulation lab, students can participate fully in even the most urgent or life-threatening scenarios. SimMan can even die under treatment, but aside from offering students invaluable experience, reports of his death, as Mark Twain once said, “are greatly exaggerated!”

SimMan represents some of the finest healthcare education technology available today. This technology helps BMCC to offer competitive, relevant education programs for the next gen-

eration of healthcare professionals.

OHN is helping BMCC take programs to the next level through high performance broadband for telemedicine education. Access to top experts through telepresence, experience with remote patient care, shared simulation scenarios, and robotic surgery are **now possible at OHN’s participating rural community colleges, hospitals, and clinics.**

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As this OHN newsletter goes to press, the allied health education staff at BMCC is proud to announce a new addition to their simulation lab family, SimBaby. With

its tiny organs and ability to speak only in gurgles and squeaks, SimBaby brings a whole new meaning to pediatric care training.

OHN congratulates BMCC and stands ready to support SimMan and SimBaby throughout their long and productive lives training the medical professionals who will care for our next generation of real, live patients throughout Oregon.



BMCC faculty oversee students working with SimMan in the college’s health care simulation lab

OHN COMMUNITY SUFFERS LEADERSHIP LOSS



Nate Arbogast, 39, of Heppner died Feb. 28, 2010, as a result of a skiing accident at Anthony Lakes. A dear friend, colleague and telecommunications partner to many OHN staff, volunteers and participants; Nate was a champion for the best interests of children, schools and in bringing broadband connectivity to the rural communities of Oregon. We have all suffered a great loss as a result of his passing, and will continue to benefit from his passion and life-time efforts.

Memorial contributions may be made to the Christian Life Center, P.O. Box 145, Heppner, OR 97836.

Deadline Extension Provides Opportunities

Extra year gives time to work through RCHPP process and bring on more sites

Contributed by Kim Lamb, OHN Executive Director

The day we've all been anxiously awaiting for arrived on March 18th, when the Federal Communications Commission (FCC) issued an official order to extend the first Rural Health Care Pilot Program (RHCPP) final contracting deadline from June 30, 2010 to June 30, 2011.

This extension provides OHN and its participants the extended time to implement the FCC's \$20.2 million subsidy in Oregon. Prior to this announcement, OHN's RHCPP participating sites and vendors had to have all their contracts approved by the FCC a full year sooner. The extension makes way for full deployment of the critical launch phase of the infrastructure necessary to build Oregon's first state-wide broadband telehealth network.

Through the RHCPP, OHN is working to engage 200 eligible hospitals, clinics, community colleges and government facilities onto its high speed digital network. This deadline extension provides OHN and all the other RHCPP projects nationwide with more

time to gain the greatest amount of support and participation from current and future eligible sites. Additionally, it provides more time for OHN, our participants and contracted telecommunications providers to navigate the pilot's comprehensive telecommunications vendor bidding and contract negotiation process.

Map of Participation

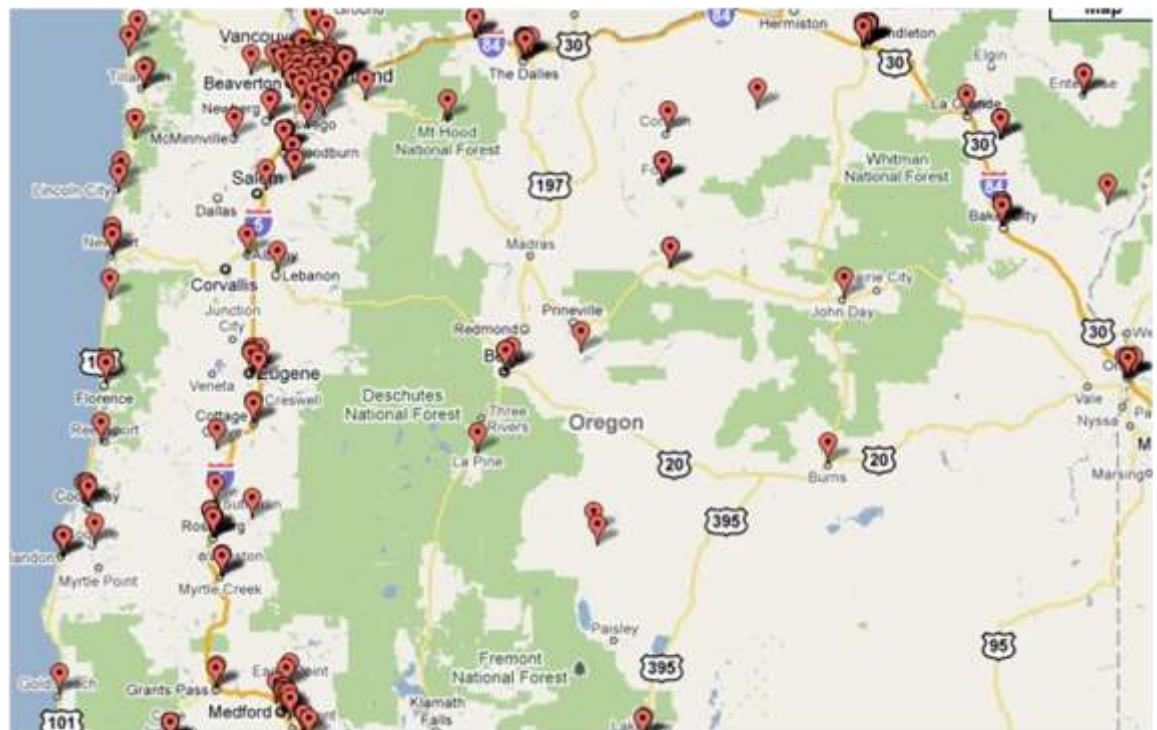
The following map highlights sites (hospitals, clinics, and community colleges) throughout the state who are participating in the RHCPP process. Several are on, or soon to be on the network, and others are awaiting bids to make final decisions to accept the bids and join OHN.

RHCPP: Process & What We're Doing to Keep Sites & RFP's Moving!

In an effort to better affect the outcomes, such as attempting to reduce installation and monthly recurring cost bids, reducing the RHCPP process timeline, and leveraging lessons-learned from prior RFP's, we've made the following internal process modifications:

1. **Group RFP's by Region:** We've retooled the RFP's to go out by geographic region to better affect bid/pricing and to promote the "anchor tenant" model that is critical to the value and long-term viability of the network.

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Deadline Extension Provides Opportunities, continued

2. *Pre-determined Site Eligibility*: OHN has worked in partnership with the FCC & USAC (Universal Service Administrative Company) to establish a process that streamlines the entire 465 process by pre-determining site eligibility. While this is **taking more time at the front end, we're hopeful you'll get through the system faster** with this process adjustment. The pre-review process has successfully transitioned through USAC as of March 3rd and entered its 14-day USAC final approval process.

What Participating Sites Can Do to Expedite the Process Further

The nature of the RHCPP process is HIGHLY interdependent upon members of your **team, OHN, USAC and finally you're approved vendor**. All the sites in an RFP round are processed concurrently by USAC. If one site in that RFP is not responding in a timely manner- it directly impacts the rest in that

RFP. Therefore, it's important that you:

- ✓ *Get your team equally educated and behind you!* Ensure that all appropriate members of your team attend one, or all four, of our scheduled orientations. The orientation schedule is posted on our website at: www.oregonhealthnet.org/resources/siteorientations. Who needs to attend?
 - C-level leadership
 - Legal
 - Technology
 - Accounting
- ✓ *Respond to USAC requests promptly and thoroughly!* Many times USAC requests more information of you. Please make sure to respond to their requests quickly and with the greatest amount of detail.

Improvements to Communication Process

Managing upwards of eleven RFP's at various stages of the RHCPP process, and with

timelines and deliverables shared by USAC, **it's definitely been a challenge for staff to successfully update all sites as to where they are in the RHCPP process**. Keeping sites and all of their leadership in the loop is a top priority for our team. In addition to our new orientations and presentation program, **we're fine tuning a communication process to consistently check in as to where you are in the process, and what's next**.

While we hope to start implementing this process in the next few weeks, if you have any issues, concerns or questions that you need help with – **please don't hesitate to contact Mary Erichsen: merichsen@oregonhealthnet.org or Peter Trnavskis: ptrnavskis@oregonhealthnet.org** for any technical/IT related questions. For general weekly updates on the status of the RFP's, **go to our website:**

www.oregonhealthnet.org/resources/rfpstatus.

Update on the Rural Health Care Pilot Program, continued

ment was in addition to six projects previously approved for funding, as announced by the FCC in April 2009. Collectively, these projects are eligible to receive up to \$191.2 million for costs associated with network deployment.



The FCC's Cindy Spiers and Thomas Buckley.

Further, to help ensure the success of the projects in the Pilot Program, the Wireline Competition Bureau has extended by one year – to June 30, 2011 – the deadline for

projects to select a vendor and request a funding commitment. Many of the program participants have experienced delays due to coordination with potential American Recovery and Rein-

vestment Act funding opportunities, or due to ongoing negotiations with vendors for network deployment. The extension provides the additional time that participants need to select vendors and seek funding commitments.

As noted by Chairman Genachowski, we at the FCC are pleased with the progress that the Pilot Program is making. At the same time, we understand certain projects need additional time and are happy that the FCC can provide flexibility for the build-out of these critical health care networks. We look forward to continued efforts to accelerate funding commitments and to assist program participants through the extension period.

To learn more about the Pilot Program, **please visit the FCC's Rural Health Care Pilot Program web site at www.fcc.gov/cgb/rural/rhcp.html**.

Building the OHN network; continued

ensure healthy, viable, and sustainable cities and towns.

With commitment, support, and participation with OHN, everyone wins. Here are just a few examples of the core benefits of how this anchor tenant network works:

It's good for the provider: If a patient and/or their loved one can receive high quality treatment within their community, that **revenue stays at the local provider's facility.** Real-time clinical consultation and high-speed communication directly improve the access to quality and timely care. Addition-

ally, that local provider can gain access to the expertise, clinical support or staff education/training when they need it, versus attempting to successfully attract and retain that expertise themselves.

✓ **It's good for the patient:** The patient benefits by having access to the expertise needed for the best possible care within their community. There are no travel expenses to obtain care, therefore **lowering risk to their family's fiscal livelihood** by missing work to travel for treatment outside of their community.

✓ **It's good for the community:** Residents and business owners retain confidence by being effectively served within their community. By establishing these anchor tenants, it brings the middle-mile broadband connection to the community, therefore reducing future connection extension costs to home or local businesses. With high-quality broadband capability available for all residents, everyone can help contribute to the economic stability of the community.

HITOC Update: Strategic Workgroup Underway

Submitted by Brian Ahier, HITOC Strategic Planning Group member and Health IT Evangelist

Interoperability of clinical systems and a robust health information exchange will be key to achieving the goals of using health IT; helping lower the cost of health care, and improving quality of care. This will not be instantaneous, or simple.

Converting disparate silos of paper records systems to disparate electronic health care record (HER) silos will not move us closer to the goal of lower costs and improved quality and clinical outcomes, and many rural providers do not currently have the bandwidth to participate in a Health Information Exchange (HIE). Last June, Oregon passed HB2009 which established the Health Information Technology Oversight Council (HITOC). The HITOC will coordinate Oregon's public and private statewide efforts in electronic health records adoption and the eventual development of a statewide system for HIE. I am honored to participate in the HITOC Strategic Workgroup where we are working to make recommendations to the HITOC for the development of a statewide Health Information Organization (HIO).

We have had our first meetings and are beginning to delve into the five domains for an HIO:

- Governance
- Technology Infrastructure
- Business and Technical Operations
- Finance
- Legal and Policy

One of the things immediately recognized is that there will need to be a sustained focus on rural and small providers to ensure that we have as wide adoption and connectivity as possible. The state has been awarded \$8,579,992 of federal funds to develop HIE plans from the State Health Information Exchange Cooperative Agreement Program. Over the next few months, the Strategic Workgroup will be submitting recommendations to HITOC for Oregon's strategic and operational plan, required by the Office of the National Coordinator for Health Information Technology within the next six months.

With the work of HITOC along with the efforts of the Oregon Health Network, which has received Rural Healthcare Pilot Program fund-

ing of \$20.2 million to develop a broadband network for healthcare statewide, Oregon should be well poised to have the backbone infrastructure in place as development of an HIO is underway.

To learn more about HITOC and the Strategic Workgroup visit: <http://www.oregon.gov/OHPPR/HITOC/index.shtml>



Brian Ahier, HITOC Strategic Planning Group