



FCC announces extension to Pilot Program

Original June 30 deadline extended one year to bring on more participants

Contributed by Courtney Freitag, OHN Marketing Coordinator

The Federal Communications Commission (FCC) announced in early May that it has extended the commitment period for all qualifying Rural Health Care Pilot Program (RHCPP) participants through June 2012. This extension gives qualifying participants an additional year to utilize FCC-RHCPP allocated funds in the effort to build a next generation nationwide health care delivery network.

Before granted the extension, OHN would have been forced to return any unallocated program funds to the FCC in June 2011.

“We greatly appreciate the FCC’s decision to extend the RHCPP commitment period,” said Kim Lamb, executive director of OHN. “We now have an additional year to use our

estimated remaining \$3.8 million balance of OHN’s original \$20.2 million subsidy. This added timeframe further supports our efforts to build Oregon’s first broadband health care highway.”

Lamb estimates that in the new timeframe OHN will be able to add an additional 40 urban and rural participants to its 162-member network, a move that will help expand the broadband network already underway. “This is great news for the State of Oregon because in addition to providing all Oregonians with access to health care, the broadband network we are building also provides workforce, economic and emergency response opportunities that could not exist without a robust broadband infrastructure” said Lamb.

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The Progress Report is a publication of the Oregon Health Network and is published bi-monthly. If you have a story idea, please send them to cfreitag@oregonhealthnet.org.

Our vision is clear. Everyone should have access to the best possible care, regardless of where they live in the state.

SPECIAL FEATURE

Leveraging 12 Health IT best practice areas

Key areas defined to help streamline, reduce costs, improve care

Contributed by Kim Lamb, OHN Executive Director

America’s health care landscape is more complex and multidimensional than ever. Over the past five years, acronyms, federal mandates and funding streams have bombarded decision makers in a number of health care-related industries. From core operational infrastructure systems to billing, scheduling, electronic medical records use and administration, health care has transitioned from being a delivery system that is designed and managed within a silo to one that needs to communicate in real time to the rest of the policy-making continuum.

Health care executives, providers and administrators, along with local and federal politicians, are charged with addressing the pressing health care, economic and workforce needs of their constituents. But these issues are increasingly difficult to deal with, particularly because decision makers aren’t given the broader context of health information technology to help them prioritize solutions. The new emphasis on patient-centered care requires collaboration and coordination at the federal, state and regional level, as well as full interoperability at the hardware,

software, payer system and patient care levels.

Formerly reserved for those with money and resources to invest, health IT is no longer optional, it’s a core requirement for all providers and agencies that play any role in the health care continuum. Furthermore, its adoption and use go beyond the traditional quest for pure competitive advantage; health IT is truly the only effective means to not only survive, but to thrive.

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At the federal level, the government is working to remodel the country's core health care delivery system. Through its Rural Health Care Pilot Program (RHCPP), the Federal Communications Commission (FCC) is building the next-generation health care delivery broadband infrastructure.

Oregon Health Network (OHN), a participant in the FCC's RCHPP, is building a statewide broadband telehealth network – the first in Oregon and one of the first in the country. OHN supports the Triple Aim, the revolutionary philosophy created by the Office of the National Coordinator and the Centers for Medicare & Medicaid Services. The goals of the Triple Aim are to improve the health of the population, enhance the patient experience of care (including quality, access and reliability) and reduce – or at least control – per capita costs.

12 BEST HEALTH IT PRACTICES FOR OUR COMMUNITY

As executive director of OHN, I'm very familiar with the challenges providers face. We developed this list of best practices to help health care executives, providers and administrators recognize the critical elements required to implement and support a viable health IT infrastructure at the facility, state and national levels. This framework is not based upon the latest grant, mandate or technological advancement, but upon the proven business and technological expertise and resources required to develop a viable health IT program. These 12 health IT best practices are proven guidelines to help you and your team understand what is required to achieve success, what you can influence (and what you cannot), and the partners and support systems needed for success.

1 Strategy and vision – Form follows function

Until recently, the national health care community hasn't had a commonly shared health IT solution goal. Decisions were made at the ground level, within the system walls created by providers, executives and administrators. But the recent adoption of the Triple Aim changes all that – we now have a national framework to build from and within.

The first step to any well-laid health IT plan is to take the time and effort to clarify your strategy and goals. Form must follow function. Think about your goals as a health care provider and/or facility: How do you (or will you) measure success as a result of your health IT strategy and plan? And even more importantly, how does your plan align with that of surrounding communities, and with state and national plans?

In Oregon, the Health Information Technology Oversight Council, Department of Human Services, Oregon Association of Hospitals & Health Systems, the Oregon Health Network and many individual hospitals throughout the state look to the Triple Aim to guide strategy, planning, coordination and investment efforts.

Plan and build with the end in mind: an integrated national health care delivery system.

2 Collaboration – Don't reinvent the wheel

Investing in, and integrating into, the national provider community is the most effective and affordable means to reduce costs and to improve patient outcomes. Collaboration also addresses the pending health care provider shortage through expanded referral partnerships and supplements your health IT best practice areas.

Along with the FCC, the Office of the National Coordinator and Centers for Medicare & Medicaid are working to improve and incentivize the quality of health care. These improvement efforts include mandating the meaningful use of electronic medical records, funding Regional Extension Centers to assist physician practices in achieving meaningful use, and adding telemedicine services to the approved list of CMS services. And these are just a few of the wide variety of exciting federally funded strategies and programs that are pushing the health care community to play a proactive role in finalizing the new health care delivery system blueprint.

Like most health care organizations, the federal government is in the early stages of facilitating true interagency coordination. This collaboration helps develop the programs and mandates that we work synergistically to support, and not hinder; the transition from old to new. We are all in the same boat, and we need each other to achieve success. Each of us is empowered to play a positive role in transitioning to a better future, one strategy, decision and sound investment at a time.

3 Connectivity – Building the infrastructure needed for success

Regardless of whether we represent a public agency, for-profit or nonprofit health care facility or provider, the pressure to do more and better with less is a common denominator. Under the developing new nationwide model, we'll all be charged to think about how our facility, community and state will connect to the health care delivery system via information technology.

The key to success in this new age of health care delivery is not only the interoperability of what's running on the network, but the broadband network or "highway" that health IT

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State’s plan for exchange of information on schedule

Core services to help ease transfer of patient information implemented by the end of 2011

By Carol Robinson, State Coordinator for Health Information Technology

Oregon’s plans to accelerate the exchange of health information are rolling out on schedule, with the first core services expected to be in place by the end of the year. And while those plans are unfolding largely the way we wrote them in 2010, we continue to adjust to exciting new opportunities and the changing health care landscape.

First, a little background on Health Information Exchange (HIE) in Oregon.

Our state’s health care providers have been ahead of the curve on electronic health record (EHR) adoption (among the highest adoption rates in the nation), and our health policy planners have similarly been ahead in their thinking about organizing the health care system for quality, safety and efficiency. So when we had the opportunity to use federal stimulus funds to promote HIE as an essential piece of our state’s ongoing health care reform efforts, Oregon jumped at the chance. The result of much hard work, led by the Health Information Technology Oversight Council (HITOC), were the strategic and operational plans for HIE, approved by the federal government in December 2010.

Those plans envision a set of core services that will ease the transfer of patient information throughout the health care system, starting with electronic prescriptions, laboratory information and patient care summaries. HITOC’s staff and contracting team are busy designing how those services will look, and the specifics of how to carry them out later in 2011.

Those core services are being designed to incorporate the relatively new and exciting Direct Project, a simple messaging concept that will allow more health care providers to get involved with exchange. It allows any provider to easily send data to another, if they are both enrolled with a Direct health internet service provider (HISP) and have received a certificate of authority to guarantee their identity. HITOC plans to sponsor some Oregon-based Direct pilot projects to encourage its use.

While that work continues, HITOC and its work groups, committees and panels have been meeting to develop policy around a variety of HIE issues, such as patient consent for exchange and how services will be paid for. This public process has been going on—and expanding—ever since 2009, and has involved more than 120 dedicated Oregonians who have spent countless hours helping make great policy.

Another exciting development is Governor John Kitzhaber’s initiative to transform the state’s health care system using coordinated care models, starting with the Medicare system. Clearly, HIT is central to providing patient-centered care, and we are excited to be contributing to this effort.

Because of these fundamental changes pending at the state level, HITOC delayed its plans to designate an entity to carry out the exchange services; that will be reviewed prior to the next legislative session.

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Monica Koiv brings years of telecom experience to OHN

As Account Manager, Koiv visiting provider sites state-wide to increase dialogue, awareness

In an effort to increase communication between Oregon Health Network provider sites, as well as educate users on the benefits of their new connection, Monica Koiv has joined OHN as the Account Manager.

In her few short months, Monica has already visited 25 provider sites around Oregon, both rural and urban, gathering information on how sites plan to use the network, questions or concerns they have, and how OHN can help meet their telemedicine program goals.

“My IT background has significantly helped me with my visits by understanding their

IT infrastructure and bridging the OHN network with their applications,” Koiv said. “Everyone I have met with has been so forthcoming with information and knowledge that will only help OHN to help them moving forward.”

Koiv has visited hospitals, clinics and community colleges from the southern to northern coast; Eugene, Roseburg, Medford and the Gorge, including Hood River and Hermiston.

Koiv draws on 20 years of experience in the telecommunications field, holding positions as major account executive and media consultant for Qwest and AT&T.



Monica Koiv
Account Manager

Office: 503-344-3759

Fax: 503-344-3748

Email: mkoiv@oregon-healthnet.org

Each issue, we feature an OHN participant and how their OHN connection is helping make a difference in the communities they serve.

Connection boosts community confidence

Columbia Memorial Hospital taps into large urban hospital expertise

By Courtney Freitag, OHN Marketing Coordinator

Patient care, increased access to services and opportunities resonate with a community. For Columbia Memorial Hospital, their partnership with large urban hospitals through an OHN connection has increased the trust of their north coast patients.

“The confidence that members of our community have in CMH has definitely soared,” said Erik Thorsen, chief executive officer of CMH.

The robust OHN connection allows the Astoria hospital to tap into world-class physicians with Portland hospitals, including Oregon Health Sciences University and Legacy Health System.

“Physician recruitment in specialty areas, such as Dermatology, Psychiatry, Neurology, and Pulmonology, continues to be one of the biggest challenges to providing care locally,” Thorsen said. “OHN will help by providing the opportunity to bring those specialists to our community through telemedicine connections.”

Prior to joining the network early last year, CMH was limited to teleradiology

and sending and receiving image studies. However, with the OHN connection, CMH has implemented tele-stroke and tele-pediatrics in partnership with Oregon Health Sciences University. CMH and OHSU have also partnered in cardiology and oncology giving the northern coast community local access to these OHSU specialists. The OHSU physicians are able to communicate and interact with their colleagues, fellows, and students through video conferencing equipment located at CMH. OHSU physicians also work in CMH-owned medical clinics and provide services locally to the community.

“This partnership has been highly successful and embraced by the local community,” Thorsen said. “CMH would not have been able to bring these high skilled physicians to the community without the help and support of OHSU. OHN helps provide the necessary network to allow this partnership to succeed.”

Using a VPN connection, CMH has also been able to connect to Legacy Health System’s Trauma Partner, reference lab and PACS. With a 100mbps fiber connection, the hospital is looking into many future telehealth initiatives, according to Tom Winter, IT Manager for CMH.

“OHN has had a positive effect on our operations and our ability to provide better health care for our community,” Winter said.

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PARTICIPANT PROFILE



Columbia Memorial Hospital opened its doors over a century ago, employing 440 employees in the lower Columbia region.

The facility is a Level Four trauma center with 25 beds and is the third largest employer in the county.

The facility offers tele-stroke, tele-pediatrics, oncology and cardiology services as a result of its OHN connection.

Columbia Memorial Hospital, an OHN provider site, is using its robust connection to increase access to world-class care for patients, including tele-stroke and tele-pediatrics.



Photo courtesy of Columbia Memorial Hospital

Columbia Memorial Hospital, continued from page 4

As an independent rural hospital, CMH does not have the IT advantage large health care systems have. CMH is unable to access the premier information technology systems in the industry due to the high cost and complexity. As the industry moves to a more standard EHR the small IT vendors, smaller clinics and hospitals will have a difficult time providing the necessary level of support to keep up with the trends, Thorsen said.

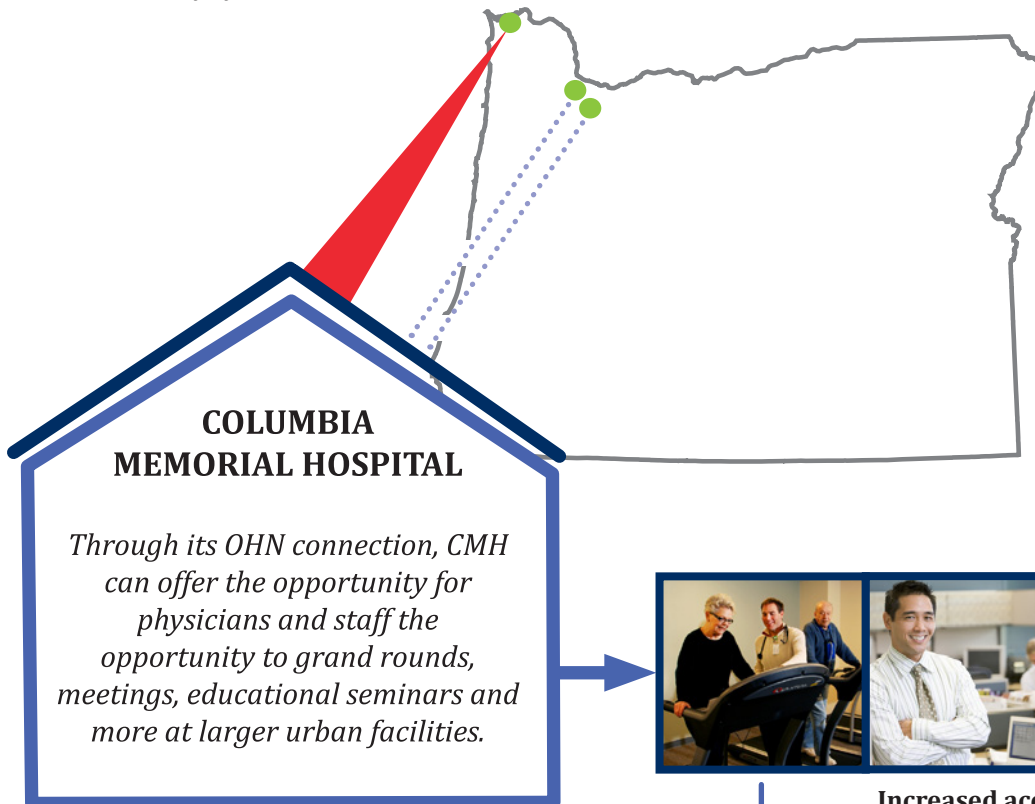
“Efficient data transfer between CMH and tertiary medical centers will be essential, but also very challenging to implement with the large gap that exists between the elite IT systems and the IT systems available to rural hospitals like CMH,” Thorsen added.

The organization just purchased the Astoria Imaging clinic where the hospital’s oncology unit will be housed. A robust, high-speed connection will provide the capability to increase imaging traffic, consult with other physicians around the state, share education and information, and much more.

“Don’t delay, become part of the network and begin implementing telehealth options in your community,” Thorsen said. “The community will see the network and the access it provides as a major advancement of the local healthcare delivery system.”



Patients in the north coast community have increased confidence in trust in CMH. The network access the hospital has to more than 150 providers statewide advances the delivery of health care.



Increased access to telemedicine opportunities for health care delivery.

OHN adds new members to its Board of Directors



Robert Looney (Industry Seat)
Business Development Mgr, Digital Healthcare Region for Intel Corporation

Robert Looney fills the Industry seat on the OHN Board for a one-year term. At Intel, Looney is responsible for articulating Intel's strategic and tactical positioning

for Intel architectures and services as components and complete solutions for the strategic Government Education and Medical segments (GEM). Particular interests in the transformation of these verticals with novel implementation of technology to transform the delivery of services, education and health care. Previous positions in Managed Care, Specialty Sales and Pharmaceuticals Market development.

"I joined the OHN board because I am hopeful that investments in technology can pervasively affect the care that all Oregonians have access to and improve the lives of Oregonians," Looney said. "In doing so, Oregon can build on its foundation of health care leadership."



Phil Skiba (OCHIN Seat)
Vice President for Business Services for OCHIN

Phil Skiba replaced former Board member Abby Sears in the OCHIN seat.

OCHIN, Inc. is a Health Center Controlled Network in Portland (comprising 39 health centers operating 200 clinic sites). Skiba is responsible for operations management, service delivery, and business development for OCHIN's outsourced health care billing and credentialing services, consulting services, account management, electronic medical records, and practice management systems. Phil has worked in executive positions including CFO at Permanente Dental Associates and as Director of Finance for Parkland Health and Hospital Systems in Dallas.

"I joined the OHN Board because the critical nature of its mission and vision. As a premiere IT solutions entity, OCHIN partners with OHN to ensure that our hosted Electronic Health Record systems and Practice Management Systems can reach providers in every part of the State of Oregon and beyond."



Patrick Varga, FACHE, CHC (Integrated Hospital Seat)
CEO, St. Charles Medical Center

Patrick Varga filled the Integrated Hospital seat replacing Dwight Heaney for St. Charles Health System.

Patrick Varga is St. Charles Health System's CEO for St. Charles Redmond. He has a bachelor's degree from the University of Oregon and a post-baccalaureate degree from Oregon State University in pharmacy along with a master's of business administration with an emphasis in health care administration from the University of Colorado at Denver.

Varga's work experience includes time spent as a pharmacist at Bay Area Hospital, where he later became Director of Pharmacy. He began working for St. Charles in 2003 as the St. Charles Bend pharmacy manager and was first promoted to regional pharmacy director, overseeing pharmacy operations at both the Bend and Redmond hospitals until July 2006. At that time he took on his current position where he is responsible for campus operations and strategic direction of the Redmond hospital. In May 2009, Varga was appointed the Corporate Compliance Officer for St. Charles Health System.

State, Continued from page 3

Meanwhile, the new Office of Health Information Technology (which oversees HIE and Medicaid HIT projects) will sponsor its first annual HIE stakeholder conference on September 14 at the Oregon Convention Center in Portland. The meeting will feature a keynote speech by Dr. Farzad Mostashari, director of the Office of the National Coordinator for Health Information Technology, and a day sharing the latest trends, implementation strategies and lessons learned from across the country.

I have always known that Oregon's HIT and health policy communities are full of dynamic people committed to improving the health of our citizens. That impression has been confirmed by positive feedback we have received from the federal agency overseeing the grants for our work. It is gratifying to hear that our hard work is recognized, and we look forward to seeing the fruits of this work in better health for all Oregonians.

Best Practices, Continued from page 2

applications and hardware needs to run on. And once the network is built, it must be adequately supported and used.

Reliable, high-speed, high-quality connectivity is the crucial, but often overlooked, component for success. This is why OHN and the other national FCC RHCPP's are working to expand existing or build new necessary broadband infrastructure across the country to support the health IT requirements of the next generation health care delivery system.

4 Implementation – Answering the question of “how”?

What is your actual plan to serve your greater health IT strategy? What resources, tools (broadband, hardware, software, etc.) and supporting processes will be required to do so? And how will it be implemented to achieve success?

Success in this area requires more than funds; it also requires appropriate expectations based on measurable outcomes, research and measurement, and the right expertise to design a well thought out implementation plan. While many of these plans are comprehensive in nature, a larger set are executed based upon a specific use or application such as telemedicine/health, EMR, health information exchange, networking, video, etc.

Consider this a critical “translation” step of reconciling the approved strategy with the realities and limitations of the environment. These include, but are not limited to, access to resources (people, money, knowledge) and buy-in from leadership to set the implementation team up for success with their investment and awareness of all the 12 best practice areas.

5 Information – Quality improves outcomes

Currently, we’re all focused on electronic medical records, but in the context of the other 12 best practices, it’s easy to see that EMR plays an integral – but only supporting – role within the broader health IT framework. So, the topic isn’t only about EMR. It’s about information. And more specifically, it’s about getting the right information to the right person at the right time.

Why? At the risk of sounding redundant: to serve the Triple Aim. The demand for quality information will only continue to increase, so the key is to learn not only how to obtain and manage that information efficiently and effectively, but also to be able to share it easily and freely throughout the entire health care continuum.

6 Support – Making it work every day

Once a network is designed and implemented, it’s important to ensure that we have the resources needed to support the strategy and solution that have been implemented. There will be continuous modifications and subsequent investments that tie directly to the measurement and education of your solution. And, most of all, make sure you have the right people and resources to work well with your technical, business and clinical staff. Support should be considered throughout the life-cycle experience: from the network level all the way through to the provider and patient or end user.

7 Measurement – Access real-time information for improved decision making

Because the aim of gathering information is to reduce costs and

improve outcomes, it’s critical to regularly evaluate the success of health IT programs and modify or adjust to meet your goals. The benefit of having access to “real-time” information supported by health IT is that it provides management with opportunities to adjust the course before you hit a wall. Consider it a proactive check and balance system. Therefore, it’s not only important to allot time and resources for evaluating your program’s success, but also to measure performance in a way that directly aligns with clearly stated goals and metrics.

There is a wealth of information and metrics to gather, so be strategic and specific when identifying what you’re tracking and why. Here are some questions to consider: How has your new EMR or telemedicine program served the Triple Aim? How can you work with other health care providers and organizations to identify what and how the statewide community measures success? What action will you take if you discover your program is not living up to your expectations?

Set metrics to know whether or not you’re efforts have been successful.

8 Education – Shortening the divide from “have” to “use”

Implementing new health IT solutions (from hardware through process refinement) is just the beginning. To experience the full benefits and improved outcomes of health IT, you need to encourage users at all stages and phases of the process, from inside your organization to outside your organization (other providers and patients themselves) to make full use of the solution.

Targeted, simplified user-focused communications are a core component of strong education programs. Simplifying complex information is a challenge, particularly when you

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*Kim Lamb,
OHN Executive Director*

are required to ask the user to change existing behaviors such as how to enter or retrieve information in a new system. Because people absorb information differently, consider

providing the material in a variety of formats: hard copy literature, electronic, visual and in-person trainings.

9 Recruitment and retention – Increase and then meet demand

Strong health information technology is the No. 1 incentive to attract higher wage-earning primary care physicians and other health professionals to a community. Keeping health care in local communities increases patient confidence (thus keeping the patient – and payment – local), increases physician confidence (doctors across the state know that they have the support they need to answer some of medicine’s toughest questions, regardless of where they practice), helps retain and recruit doctors in historically underserved rural communities, and attracts high-wage jobs, helping stimulate local economies.

10 Credentialing and privileging – Care without borders

CMS and other national organizations are working at the policy level to address the challenges faced with licensing, credentialing and privileging for telemedicine. It’s important to keep an eye on progress, and to support the state and national organizations that are lobbying to make the much needed changes.

11 Reimbursement – Ensuring payment for the next generation of care

Similar to licensing, credentialing and privileging, making sure your physicians and clinicians are paid for the work they do via telemedicine (medicine across borders and facilities) is where the rubber meets the road. Thanks to several local nonprofits, state agencies and countless volunteers, Oregon is well on its way to overcoming reimbursement issues. However, work remains at the state and federal levels, and with insurance payers. This challenge can be overcome with innovation and collaboration to ensure that all members of the health care continuum are reimbursed appropriately for all levels and types of care.

12 Policy – Top-down collaboration and support of the continuum

Legislation and policy refinement at the state and federal levels is critical to helping providers invest in solutions that serve the Triple Aim. From broadband network deployment policy to licensing, credentialing, privileging and reimbursement, local and national organizations are working on your behalf to reduce the barriers to full use and adoption of a national system. Your voice and support is critical to their ability to do so.

RESOURCES TO SUPPORT BEST PRACTICES

All 12 best practices cannot – and should not – be performed by any one provider organization. They require our community working together: provider, policy and funding sources, and nonprofits. The key, as a health care provider business, is to consciously determine what you can feasibly address on your own, and where you need to look to others for

assistance. Gone are the days of going it alone; providers in each state have a wealth of experience and resources to share with the health care community. Information on lessons learned, cultivating new strategic partnerships and referral patterns, and investments poised to be leveraged at a state level to benefit the greater community good are all areas that benefit from a strong health IT network.

Kim Lamb is the executive director of the Oregon Health Network, a 501(c)(3) membership-based nonprofit organization building the first statewide broadband telehealth network in Oregon. Part of the Federal Communications Commission’s Rural Health Care Pilot Program, OHN’s mission is to provide all Oregonians, regardless of location, with access to the best possible health care.



Oregon’s Health IT Passport: A Guide for your Health IT Journey

**Thursday, June 30, 2011
10:30 am - Noon**

OMEF Conference Center at OMA Headquarters, Portland

Please join us for this free educational event around Electronic Health Record (EHR) and Health IT. This program is the first in a series of seminars designed for Oregon health care providers, with or without an EHR, featuring the most current information and resources. Learn more about:

- The ABCs of Health IT
- Your Passport to Health IT Adoption
- Updates on Oregon’s Health IT Programs
- Resources for continuing your Health IT Journey

Years of work yields a nod to interstate fiber connection

Sutter Coast Hospital's OHN connection to provide access between California and southern Oregon

By Courtney Freitag, OHN Marketing Coordinator

The Oregon Health Network Board of Directors recently gave the go-ahead to the first inter-state fiber build connecting Sutter Coast Hospital in Crescent City, Calif. to OHN provider sites in southern Oregon. The 32-mile fiber-optic cable build by Charter Business is slated to complete by summer of 2012 and has been a joint effort and supported by economic developers, county commissioners, senators, key hospital administrators and technical experts.

The OHN Board held an extended review, taking a comprehensive look at the logistics and cost of the build to secure government funding and approve the project. Sutter Coast Hospital is part of the Sutter Health System in California, and is a 59-bed acute care, community-based hospital serving residents of Del Norte County, California and Curry County, Oregon.

Connecting to OHN will boost the reliability of the network connection up the Interstate-5 corridor and allow Sutter

“OHN has had a positive effect on our operations and our ability to provide better health care for our community.”

—Tom Winter, IT Manager for Columbia Memorial Hospital

to provide patients comparative connectivity as large urban facilities. A robust and reliable connection also increases workforce development in rural areas by attracting business, distance learning opportunities and a

myriad of other services dependent on a robust connection.

With a reliable uninterrupted telecommunications system in place, there are key areas of opportunities in the community, including:

- Retailers (credit card transactions, inventory control)
- Financial institutions (ATMs, deposits, online banking)
- Long distance learning (College of the Redwoods, nursing program)
- Emergency response (the internet was absolutely critical in response to the recent devastating tsunami),
- High tech recruitment (Four 9's—99.99%—“up time” needed)
- Law enforcement (data sharing)
- Government (general and emergency access)
- Residents (online healthcare research)
- Hospitality (online hotel/motel/restaurant reservations, casino operations)

Through their new OHN connection, Sutter Coast Hospital is hoping to improve administration and operations processes, capability and services such as electronic health records that need to interact with Curry County providers. Specifically, the OHN will support their MyChart application, where patients can get secure, on-the-go access via the iPhone, iPad or Pod touch; sending secure emails to their doctors, view most lab results, appointments, receive preventative care reminders, view medications, allergies, immunizations and more.

Rural hospital celebrates first phase of large expansion

Lake Health District in Lakeview recently celebrated the completion of a new 34,000-square-foot hospital wing. The new wing is the first phase of a \$24 million hospital expansion project. Lake Health District welcomed visiting dignitaries as well as a large crowd of community members to an open house on February 26.

After a dedication ceremony and ribbon cutting, the new wing was opened for self-guided tours with hospital staff on hand to answer any questions.

The second phase of the project involves renovation of the former hospital facilities due to be completed in November of 2011. Financing for the project was provided through the approval by taxpayers of an \$8 million General Obligation Bond, providing the leverage for developing financing

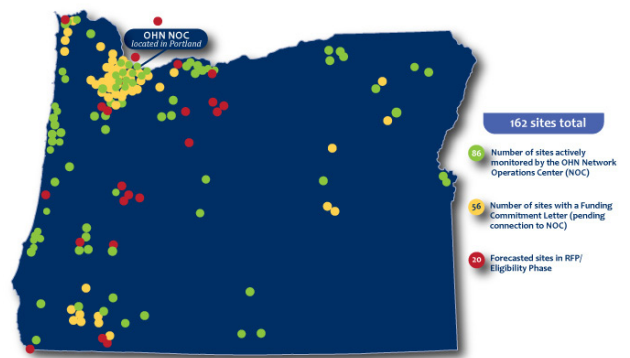
partners. Financing partners include the USDA, South Valley Bank and Trust, US Bank and the State of Oregon



Additional sites live on network

OHN continues to add to its participating site list. There are 162 sites that have received funding commitment and are awaiting turn-up to the Network Operations Center. Of those, 86 are already live on the NOC and being monitored 24/7/365. The sites around the state represent hospitals, urban and rural clinics, FQHC's and tribal clinics in the RHCPP \$20.2 million subsidy awarded to OHN in 2007.

OHN Sites Featured: Live on the NOC, Funded, and within the RFP process



UPCOMING Industry Events

If you have an industry or community event to share, please email it to cfreitag@oregonhealthnet.org. We have an active calendar on our website's home page that is updated regularly with local and national meetings, educational opportunities, trainings and much more. Visit www.oregonhealthnet.org to see what's coming up.

Building a Network of Care sponsored by GOBHI

June 10, 2011 from 9:00 am to 3:00 pm

Hood River Inn, Hood River, Oregon

Join Greater Oregon Behavioral Health in taking a leadership role in developing local solutions facilitated by Dale Jarvis. Since January, the group has been developing strategies which will be introduced at this event, including:

- Overview of the Current Environment
- Review options for rural Oregon
- Drilldown: Building a Community-owned CCO for rural Oregon
- Build the Delivery System (community-based hot spotting and community-based medical homes)
- Next Steps

Room discounts are available and lunch with refreshments will be served during the meeting. Please contact Carol Speed for more information, carol.speed@gobhi.net.

American Telemedicine Association (ATA) Mid-year Meeting

September 18-20, 2011

Anchorage, Alaska

<http://www.americantelemed.org>

Oregon Connections Telecommunications Conference

October 27-28, 2011

Hood River, Oregon

www.oregonconnections.info

Cisco-sponsored Webinar

Meaningful Use of EHR: First Steps to Improved Patient Outcomes

Ongoing through October 22, 2011

<https://www.ciscohealthpath.com/web/guest/home>