

12 Health IT Best Practices spotlight: Best Practice 1, Strategy and Planning

First in our new series of articles contributed from industry leaders in each area

Contributed by Kim Lamb, OHN Executive Director



Following last month's newsletter article announcing and clarifying the 12 health information technology (HIT) best practice areas, this edition marks a strategic shift in focus for OHN's *Progress Report*.

We identified the 12 best practice areas as those that require attention, investment and coordination in order for each provider organization or agency to effectively meet their HIT project goals.

These 12 best practices are designed to assist the entire health care community in translating and aligning from individual community and organizational goals and outcomes to serve a greater and commonly shared goal: the Triple Aim. Why? Our country's health care system is literally in the midst of rebuilding itself into a nationwide delivery system that is patient-

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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.

OHN launches sponsorship program, welcomes Polycom

Being the first requires taking a chance; and building a state health care network takes a village in more ways than one. Therefore, we are thrilled to announce and welcome Polycom as the first corporate sponsor of the Oregon Health Network at the \$5,000 sustaining sponsorship level. OHN has been successful in completing the first phase of our organization's launch: fully leveraging the FCC's Rural Health Care Pilot Programs (RHCPP) funds to build-out our core participant and network architecture base. In parallel, we've also been hard at work to complete the design and deployment of our organizational infrastructure required to support Oregon's, and one of our country's, first statewide health care networks. This takes time, expertise and a real financial investment.

And as many know, none of the RHCPP funding went to OHN, it is distributed directly to the telecommunications providers who are deploying and providing the broadband services. OHN is responsible for covering the administrative and operational costs required to administer the RHCPP through May 2014. At the same time, we've been selectively identifying and expanding upon our core customer service offering to provide long-standing value, customer service and use of the network. OHN has successfully built and created an invaluable statewide broadband

telehealth network thanks to the initial financial support and fundraising support of our state agency partners and our provider sites who have chosen to join OHN and contribute through their participation fees.

However, more is needed to sustain a statewide health care network, which is why we have been working hard over the past year to identify new services and programs to support long-term sustainability. A newly identified possibility has come to fruition with our soon-to-be released video bridge and conferencing solution. And now, with the addition of Polycom as our first corporate sponsor, we have launched another resource model to support our strategy, model and momentum.

OHN Executive Director Kim Lamb met Ron Emerson, Polycom's global director of health care, the 2010 American Telemedicine Association conference in San Antonio, Texas. Ron and the health care team at Polycom had been tracking the national FCC RHCPP programs and had identified the challenges they faced to not only launch the networks, but to get participants to use it. Dr. Deborah Jeffries, Polycom's director of Health care, Americas elaborates:

"Communication and relationships are major contributors to a

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centered. But during this transition, most of the nation is still dependent on the outdated delivery system of the past.

We are presented with a clear opportunity and choice: Build in chaos or build together in synergy, working toward the greater good. (“We” meaning the federal and state governments, the entire health care community, and the patient community.) Synergy builds momentum and takes the pressure off individual organizations; you don’t have to – and shouldn’t – go through this great transformation alone. Synergy supports the theory that the nation’s health care system is truly “only as strong as its weakest link.” It requires shifting away from self-serving survival and moving toward the space and opportunities for the greater community to not only survive, but to thrive. This isn’t about any one organization, it is about the future of health care delivery and each of our parts contributing to the whole to ensure that it’s at a level and standard deserving of this country and its citizens.

Inspiration aside, we all need a plan—a map. These 12 practices will hopefully begin to simplify and formalize the real-world needs of viable HIT solutions so that legislators, clinicians, operational and technical leadership, funding sources, HIT hardware, software and services providers and patients all understand, implement and accept them as a way to build and sustain the next generation of care. To do so effectively, efficiently, affordably and in a timely fashion, fierce focus and collaboration (or buy-in) from the entire community is required. While it may seem overwhelming, each of us plays a critical role in making that need become a reality. Systematic steps are required to support continued momentum, which can only be achieved if we all start supporting the same set of goals, rules and business assumptions.

In order to get the ball rolling, so to speak, we are going to use *Progress Report* to take the best practice framework to the next level of implementation. Each of the next several editions will focus on one of the 12 best practice areas. Nobody has a full and clear understanding of each of the 12 areas. Nobody. That’s why we have to learn and understand what we don’t know and share what we do know. The goal is to expose all of the niche areas of expertise and allow the available state resources to rise to the top to better educate and help each of us to achieve success.

Best practice 1 – Strategy & Planning: Form must follow function

This month begins with the first best practice: strategy and planning. OHN directly contributes to the success of many of the best practice areas, but not all of them. Throughout this series, we will clarify how we fit in. When we aren’t directly relevant, we will bring in outside experts (local and national) to contribute their thoughts and experiences. If you would like to contribute, or know somebody who would be a good fit, please contact me,

Kim Lamb, at klamb@oregonhealthnet.org. We welcome the suggestions and contributions of the greater OHN community. To launch this spotlight section, we have asked a strategic telemedicine consultant, Vanessa McLaughlin of EdithForge Consulting, to share her thoughts on the unique considerations and components providers should assess to ensure the success of a telemedicine or telehealth program.

OHN is learning on a daily basis what our role should be as it relates to broadband connectivity and serving HIT goals. As one of the first state-wide health care networks in the country, we have a unique perspective to contribute to the strategic discussion at the national and statewide levels that supports the entire health care community.

I recently crafted a phrase: “OHN should be known as the organization laying the infrastructure for Oregon’s current and future health care delivery system.” As the core “highway” —one that benefits not only public and private health care communities, but also impacts economic and workforce development—we have a lot to contribute to HIT strategic planning discussions. OHN is Oregon’s health care highway system.

Leadership at the top levels should understand the direct relation between the strength of the OHN network and the strength of our health care delivery system, both in Oregon and across the country. Strong HIT that supports interoperability and patient-centered care requires robust, reliable and scalable connectivity. That’s OHN at its core.

BEST PRACTICE**1***Strategy & Planning*

By Vanessa Leigh McLaughlin, MPH, Founder and CEO, EdithForge and Christopher Thoming MD, Northwest Acute Care Specialists

With coffee in hand this week, I opened the morning paper to see the image of a beautiful baby girl, her mother standing over her ICU crib. The heart-wrenching story documented how the mother took her daughter to the local hospital for care. The emergency physician, upon seeing the child, contacted the local pediatrician who suspected Meningococemia, a disease that could have caused the child’s death within six hours. Columbia Memorial Hospital used the Oregon Health Network (OHN) to connect to the Oregon Health Sciences University Telemedicine Pediatric Emergency physician for immediate consultation. Because of the live video connection, the OHSU specialist was able to diagnose and provide treatment recommendations immediately. The story ends with the mother describing how she believed that connecting to the regional center was instrumental in saving her child’s life, a gift that she obviously treasures.

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Oregon Medical Association hosts the first of a series devoted to health information technology education

By Courtney Freitag, OHN Marketing Coordinator

In late June, about 100 participants gathered in Portland to join the kick-off seminar hosted by the Oregon Medical Association (OMA) on the current state of health information technology (HIT) in Oregon and Electronic Health Records (EHRs). “A Guide for your Health IT Journey” was a free 90-minute educational session created with numerous partner organizations, including Oregon Health Network.

There were more than 80 participants via live webinar from around the state that also joined the session and a live-feed with local moderator at over 20 community colleges statewide, including Mount Hood Community College in Gresham, Blue Mountain Community College in Pendleton, Columbia Gorge Community College in Hood River, and Umpqua Community College in Roseburg.

“The challenge is that we have to educate at so many levels of the continuum at the same time,” said OMA Deputy Executive Director Betsy Boyd-Flynn. Some are at a very basic level in their health IT adoption, while others are more advanced in the process.” Establishing a series of webinars makes the information available to those remotely and the plan is to archive the series on the OMA website (www.theoma.com), she said.

“Given the climate of health reform, for which expanding health information technology is a major part, we know Oregon’s health care providers have many questions. This event’s approach is unique because it combines information with action,” said Carla McKelvey, MD, President of the OMA in a news release.

“Participants will get a great overview of the state of Health IT in Oregon, and they will come out of the session with their own action plan based on a checklist that the organizers have developed.”

Combining information with action, the Oregon Medical Association has launched a webinar and in-person series of workshops on health information technology. Addressing the challenges of education at so many levels and places in the continuum of care, Betsy Boyd-Flynn, deputy executive director, says the series’ goal is to “assist physicians and other health care providers and their staff members with essential information on the adoption and meaningful use of EHR technology, and learn how support from O-HITEC, Oregon’s regional extension center, can make this transition to EHRs easier.

The OMA is finalizing the HIT information for the next three seminars. Registration should be live in the next two weeks. The next three seminars will take place on September 27, October 21 and December 6 and you can visit the OMA’s website for more information, www.theoma.org.

Seminar participants received up-to-date information and resources about the Health IT landscape, terminology and organizations in Oregon designed to help on the Health IT Journey. The initial seminar acted as a primer, or introduction, to the concepts and language of Health IT and the organizations that support it. The series’ goal is to assist physicians and other health care providers and their staff members with essential information on the adoption and meaningful use of EHR technology, and learn how support from O-HITEC, Oregon’s regional extension center, can make the transition to EHRs easier.

A key part of the 90-minute session was the introduction of Oregon’s passport to Health IT seminar series that launched August 4. The series will feature Health IT curriculum developed by a consortium of Universities including Oregon Health Sciences University (OHSU), Columbia University, Johns Hopkins University, Duke University and University of Alabama-Birmingham and presented by Oregon’s Community College Consortia (CCC) to Educate Health IT Professionals; both programs are sponsored by the ONC (Office of the National Coordinator of Health IT).



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

Organization will use new connection to better help thousands of patients

Planned Parenthood of Southwestern Oregon anticipates improved service

By Courtney Freitag, OHN Marketing Coordinator

Planned Parenthood of Southwestern Oregon is no stranger to advocacy. For 45 years, the organization has worked tirelessly to promote preventive health care and contraceptive education and services in eight Oregon counties. And the road to connectivity with the Oregon Health Network was paved with the same advocacy, persistency and team work the non-profit prides itself on.

“OHN advocates for our membership at the state and national level to achieve two purposes,” said OHN Operations Director Kim Klupenger. “First, our goal is understand and document our members’ needs and that they make the most of their OHN connection. There is positive momentum happening in Oregon’s health care and health education fields. Our understanding of the complex landscape assures that current and new policies and funding streams are designed to support the next generation of health care and health education delivery. Secondly, we are working to create and support a unified cohesion of strategies for organizations across various agencies who are working to serve the Triple Aim. We want to make sure that the voice of all types of providers is heard and given equal opportunity to contribute to and benefit from the same set of resources as the rest of the health care continuum community.”

Specifically OHN has also been successful in acting as a liaison to the Federal Communications Commission, educating them on how health care and health care education is delivered and has been performed in Oregon prior to OHN, and after. More importantly, we have connected the dots as to how our network architecture and business model is successfully serving their vision to deploy a nationwide health care delivery system infrastructure. The FCC has expressed appreciation for OHN’s ability to highlight

the other direct and indirect benefits of our broadband infrastructure, specifically how it has helped address Oregon’s the economic and workforce development needs and opportunities of the state. “In other words, we have the ability to solve complex needs through a combination of listening to our providers and translating their needs with current policy, program benefits and critical leadership discussions,” Klupenger said.

Initially deemed ineligible by the FCC due to Planned Parenthood having no formal Rural Health Care Pilot Program (RHCPP) label as either a rural health clinic or a community health center, OHN worked to educate the FCC on approving their eligibility based upon the health care services they offer which include health screenings, immunizations, sexually transmitted disease and pregnancy prevention, amongst others. They perform many of the same services provided in hospitals and health clinics across the country and have the exact same need for a quality network to perform quality patient care.

Klupenger said the current health care system has historically operated on a “door” model, meaning that services funded and provided depend on which door, or type of clinic, you walk through as a patient. “This model creates information silos, reduced quality care, increased administrative dollars, and policies that are set up by ‘labeling,’ vs. an actual understanding of the services being performed. We have learned that this does not work and we have so many opportunities now to create a system that reduces administration, maximizes information and health care delivery, and creates interoperability,” Klupenger said.

By using the federal subsidy dollars for the intent of the RHCPP, providing access to health

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Planned Parenthood of Southwestern Oregon has been in operation for 45 years and serves eight counties in the state.

The clinics provide health services including screenings, immunizations, sexually transmitted disease and pregnancy prevention, domestic violence advocacy and more.

A new Regional Health and Education Center will open in late fall 2012, serving 10,000 new family planning patients expected as a result of health care reform.

OHN advocated for Planned Parenthood by educating the FCC on the complex health care landscape and that funding streams should support the next generation of health care.

Planned Parenthood of Southwestern Oregon, *continued from page 4*

care despite geographic location, adding Planned Parenthood to the network has created a win-win for the FCC, OHN and now Planned Parenthood. The RHCPP subsidy has allowed Planned Parenthood of Southwestern Oregon’s eight clinics access to OHN’s growing provider network. Clinics in Ashland, Medford, Cottage Grove, Eugene, Florence, Springfield and west Eugene will benefit from network access to OHN’s 160+ providers throughout the state.

“Our vision is to make the next generation the healthiest generation ever,” said Cynthia Pappas, chief executive officer for Planned Parenthood of Southwestern Oregon. “We want to be the recognized expert in positive sexuality and the reproductive health care provider of choice for those with insurance and without insurance. OHN is helping us keep our operating costs low, so we can focus on our mission: providing quality reproductive health care service to our patients and sex education to youth and adults.”

And their connection couldn’t come at a better time. With a new Regional Health and Education Center opening in late fall 2012, Pappas said they will be able to realize their vision of serving 10,000 new family planning patients expected as a result of health care reform. The clinics will be able to offer its screening and treatment for cervical and breast cancer; sexually transmitted infections; HIV; domestic violence; well-women visits; as well as counseling, information and support.

And the community faces some big health care challenges, such as affordable health care, high rates of sexually transmitted infections, disparities in health outcomes for people of color, and more.

“The services being provided by OHN are allowing us quicker connectivity between our health centers, so appointments can be scheduled more efficiently and communication among our health care staff can occur more effectively, with a resulting improvement in health outcomes,” said Frosty Cummings, vice president of information technology. “Because of improved connectivity we can build better training systems for staff and have a broader reach of our education programs, including more training for educators and professionals who work with youth.”

“Although new to OHN participation, we are eagerly anticipating vastly improved access between our own facilities and all the benefits that will accrue from that...”

—Cynthia Pappas, *chief executive officer of Planned Parenthood of Southwestern Oregon*

Before OHN, telemedicine played a small role in the daily operations of Planned Parenthood. The organization held some web-based meetings and seminars, however lacked the connection speed to truly hold remote sessions with doctors and patients. Their new 10mbps connection will help the organization implement improvements to more effectively and efficiently operate its eight regional clinics.

“We are anticipating major changes thanks to the new OHN connections,” Pappas said. “We will be able to do better training activities between our geographically dispersed locations, better consultation on unusual or problematic patient situations, and better access for our advanced clinicians to stay current with newer procedures, techniques and medical technologies. Importantly, we are beginning to explore ways to make our most advanced providers more available throughout our service area without requiring time-consuming travel.”

With efficiency come new initiatives, the goal to increase fundraising for support and growth, and readiness for health care reform—including the implementation of electronic health records. OHN’s provision of technical assistance and financial support is critical, Pappas said.

“Although new to OHN participation,” Pappas said, “we are eagerly anticipating vastly improved access between our own facilities and all the benefits that will accrue from that, and anticipate that the OHN connections will provide enhanced capabilities for patient delivery and health care education.”



Planned Parenthood provides a myriad of services throughout eight southwestern Oregon counties, including well-women visits, reproductive health care, pregnancy planning and prevention, sex education, domestic violence awareness and much more. Their clinics reach thousands in Eugene, Springfield, Medford, Ashland, Cottage Grove and Florence.

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Today, telemedicine delivery and telehealth education stories are becoming more commonplace. However, challenges of implementing telemedicine programs remain great due to the existence of proprietary programs, equipment and technology networks that often lack compatibility, standardization and common clinical protocols. This may begin to change with the Patient Protection and Affordable Care Act (PPACA) and CMS' Triple Aim goals.

patient-centered medical homes to support local health care delivery.

- Valuation of connecting to regional health initiatives including OHN, HITOC, and OCHIN and CMS demonstration projects.
- Development of outreach programs to serve patients in their local (urban) facilities.

CMS' Triple Aim Goals & Telemedicine

Triple Aim goals align well with the goals of existing telemedicine and telehealth initiatives in the United States. Because of conflicting payment structures and competition, it is not intuitive to health delivery organizations across the continuum of care that it is in their community's best interest to implement Triple Aim goals. However, patient-centric health will not improve until whole population health measures and shared community strategies are in place. Many, including Donald Berwick, MD, currently the Administrator for CMS, believe that telemedicine and telehealth technologies will play a strong role in this transition from silos of care to coordinated communities of care.

Even without immediate implementation of the Affordable Care Act⁴, pressure to reduce health care costs is bringing regional leadership together to identify community-wide approaches that incorporate coordinated patient transitions from one source of care to another. Simultaneously, individual health systems are working to identify how they can extend patient care services beyond their own walls. As a vital health delivery resource, telemedicine and eHealth is unfortunately at the periphery of many of these conversations.

Common Oversights

Telemedicine and other eHealth care strategies require internal and external considerations not commonly considered in direct patient health care delivery. These oversights include the following assumptions:

- There is little or no reimbursement or payment mechanism for telemedicine.
- The network configuration meeting internal technical and security standards will also be compatible with other networks.
- Consumer grade technical equipment will meet medical grade standards for telemedicine delivery.
- The existing model of onsite clinical visits works for patients. Telemedicine and telehealth programs can thrive as single implementation programs.

Evaluation and Metrics

Until recently, metrics for telemedicine programs have been generated to support the needs of individual programs and networks. In the past year, California Telemedicine and eHealth Center contracted with EdithForge to bring together national telemedicine leadership to develop a standard set of telemedicine metrics and evaluation tools. The metrics evaluate networks, practitioners and programs for throughput, provider satisfaction and utilization, site utilization, and patient outcomes data. This is slated for completion later this year.

Growing Interest in Telehealth and Other eHealth Initiatives
In the past three years, EdithForge consulting (www.edithforge.com) has seen an influx of regional health care systems seeking advice about how to leverage telehealth technology to meet their health delivery and financial goals. Common requests include:

- Financial sustainability plans that support program development and growth.
- Meeting with regional health partners who want to build

Essentials for Strategic Growth

Remote health care delivery requires considerations not common to onsite delivery models. Five essential elements in the strategic growth and development of telemedicine programs are:

1. Telemedicine and telehealth delivery strategies must be tied to the organization's strategic drivers (strategy, goals and plan) and aligned with senior leadership.
2. Structure telemedicine as a business line complete with infrastructure that will allow any provider to utilize telemedicine ubiquitously in their ongoing practice.
3. No one-off programs. Resist the temptation to call an individual telemedicine program your enterprise level solution, because it is not.
4. "Who are you going to call?" Groups like Oregon Health Network, HIE initiatives and Beacons are conveners of regional health care initiatives that provide the secure connectivity needed to answer the "who are you going to call?" question.
5. Money in your pocket. Increasingly health plans are paying when billed for remote patient consults. Medicare/Medicaid continues to support rural access, which fits well with health system outreach strategies.

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OHN gathers IT experts to share information, ask questions

By Courtney Freitag, OHN Marketing Coordinator

In mid-July, OHN launched its first of many Health Information Technology Peer calls, pulling together IT staff from provider sites around the state to share expertise, experiences and goals. The purpose of the monthly calls: to ensure that OHN provider sites feel supported and have necessary resources to make the most of their OHN connection. An obvious, but often overlooked, core resource for a statewide network such as OHN is the wealth of knowledge that already exists within the membership “peer community.”

Lead by Don Westlight, OHN’s chief network architect, OHSU’s Architect & Manager of Network Engineering, and Founder/CEO of the Northwest Access Exchange (NWAX), and OHN IT Project Manager Peter Trnavskis, the webinar format includes a brief presentation followed by open Q&A. More than 20 provider sites’ IT leadership joined the first call and had the opportunity to share their own experiences and expertise surrounding the network and collectively learn how to more fully adopt the full use of OHN and HIT to meet common goals such as the Triple Aim.

“Deploying, managing and fully utilizing a state-wide health care network is not as easy as plugging in and walking away. Because this is a challenging undertaking for all involved, it requires a community-involved approach to effectively address all the nuances, challenges and opportunities inherent to a network that supports such a diverse set of provider members,” said Kim Lamb, OHN executive director.

July’s call began with a brief presentation on VPN technology and its use on the OHN followed by a Q&A session with questions surrounding configuration of BGP routers, VPNs and general OHN topics. Next month’s call is scheduled for August 26 at 8:30 am and the topic is video conferencing. Derek Abrams, Oregon State University Managed Communications Services Manager, and Peter Sander, NW Account Manager, One Vision Solutions will be on hand to answer questions. To register for the Webinar please follow this link: <https://www3.gotomeeting.com/register/997269566> or if you have any questions, contact Peter Trnavskis, ptrnavskis@oregonhealthnet.org.

California Telemedicine and eHealth Center prepares organizations for structured program implementation

By Courtney Freitag, OHN Marketing Coordinator

Experts agree that more than half of all change fails because of poor planning and insufficient assessment of organizational readiness. And leaders at the California Telemedicine and eHealth Center are listening. With OHN’s recent development of the 12 Best Practices for Health IT, the first goal addresses the importance of strategy and planning when implementing or assessing a telemedicine program.

In 2009, the group began working on a resource for organizations called the “Telehealth Program Developer,” a standardized guide to work through defining, planning and implementing a telemedicine program in a health care organization. Now in its beta-testing phase, the 7-step guide is a road map on organizational readiness for telemedicine from conception to implementation over three main phases: “Define,” “Develop” and “Do.”

“We saw that when we looked at programs that were successful, they had used some sort of structured process,” said Christine Martin, executive director of CTEC and the eHealth Center in Sacramento.

After successfully implementing telemedicine programs in 33 California correctional facilities, Martin parlayed her knowledge of standardized, structured process into launching the Telehealth Program Developer. To help in its creation, she received input from a national panel of experts along with an evaluation of

more than 100 health care sites in California. The time to assess readiness for any new program is before implementation and don’t always begin as a result of a strategic planning process. Often times driven by an individual in an organization who embraces telemedicine, the bigger picture is often looked over, leaving organizations with unused equipment or technology.

The binder kit from CTEC features sections with pre-made templates that walk participants through questions to ask, strategies to think about, information to gather, and ensuring that telemedicine program goals tie back a company’s mission. Users of the guide can receive practical how-to information, tips and real world examples, along with coaching during any phase. Martin said there are webinars in development to further educate organizational staff. Defining these key areas are clear predictors of successful implementation, Martin said, and help support conversations required with executive management for buy-off on launching a telemedicine program.

Martin expects the developer guide to be available in less than two months and encourages any Oregon clinics or hospitals to participate in the beta testing of using the resource. An initial assessment questionnaire is available online (http://www.cteonline.org/_pdf/Organization-Readiness-Guide.pdf) and is a precursor to the Telemedicine Program Developer. For more information on CTEC, visit www.cteonline.org.

Corporate sponsorship, Continued from page 1

successful network program, and when you are looking at a health care network, it is essential that you can communicate in a fast and effective manner, and that you can provide easy secure access,” Jeffries said. “With Collaborative Video Solutions, you are able to support the Patient Centered Medical Home, and enable collaborative video-based education for wellness and prevention programs. By working together, we can enable the local health departments, community health clinics and the centers of excellence to participate in a video enabled collaborative health care model that will benefit all participants. It is forward thinking organizations like OHN that will help the health care community realize the far-reaching benefits of collaboration to the patient, the clinic, the community, and the hospital system.”

Lamb kept in touch with Emerson and it was his team who made the introduction between OHN and Oregon State University’s Managed Communications Services manager, Derek Abrams. The three organizations began to address how OHN might be able to leverage OSU’s video bridge network to better assist OHN provider sites how to fully leverage and benefit from their connection. It is the OSU video bridge solution, in concert with OneVision, a third-party video conferencing hardware/services provider, who joined forces to submit a proposal to the OHN Stakeholder Council. The Stakeholder Council’s workgroups then approved a recommendation to OHN to have the video conferencing/bridge solution to be the first of OHN’s hosted services. With interoperability and selection being a primary value of OHN, Polycom, Cisco and Global Media hardware solutions will all be offered in the first video package offering.

Lamb was impressed with Polycom’s proactive solution. “Many hardware and software solution providers were coming to me on a regular basis asking me ‘what do your participants want?’ But no one was coming to me with a solution that was based upon what they knew my pain points and challenges to be. Saying that I was refreshed and hopeful after hearing this approach is an understatement. It’s that kind of attitude and true partnership that OHN needs to figure out how to manage and

sustain a network that supports our member participants in delivering the next generation of care.”

Polycom is a \$1.5 billion company that specializes in voice and video collaboration. They focus on solutions that bring the health care team and patients together in collaboration to save time and



OHN launches its corporate sponsorship program with Polycom as the first member at the sustaining sponsor level. Working together on a soon-to-be-released video bridge and conferencing solution will enable local health departments, community health clinics and the centers of excellence to participate in a video enabled collaborative health care model.

money, and promote patient wellness. Polycom offers solutions that are standards-based, have an open scalable architecture, and are designed with health care in mind. Through the Polycom Open Collaboration Network (POCN), Polycom works with partners like Microsoft, Hewlett Packard, IBM and others to embrace interoperability and offer OHN flexibility as they build out their network.

Sponsorship dollars are allocated to:

- Support the existing outreach and program efforts necessary to ensure value and full adoption of the network
- Support improvements to core internal technology infrastructure systems, to maximize staff efforts and to support and deliver the best possible customer experience
- National advocacy and awareness efforts that support not only the direct needs of OHN, but to solve adoption and use issues that can only be resolved at the national federal level

For those interested in becoming a corporate sponsor of OHN, and in helping us serve our vision and attain the goal of \$150,000 sponsorship dollars per year, please go to <http://www.oregonhealthnet.org/content/sponsorship>.

“By working together, we can enable the local health departments, community health clinics and the centers of excellence to participate in a video enabled collaborative health care model that will benefit all participants”

—Dr. Deborah Jeffries,
Polycom’s director of Health care, Americas

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Telemedicine and telehealth delivery is no longer about testing to see if the gadgets, technology and networks work, or to survey providers and patients to measure their satisfaction with the convenience. It's about using technology innovations to enhance the clinical moment, allowing patients to receive continuous care in their home or local community, allowing health care systems to discharge patients to a transition team that will follow their care for the next stage of returning to health. It's about connecting across the distance to build collegial relationships that allow providers to trust one another and upgrade the acuity of care in a remote community so patients are appropriately triaged and transferred to a emergency department.

EdithForge Consulting Group is a national health care information (HIT) organization, located in Vancouver, Washington. We provide cutting edge solutions for strategic health care delivery initiatives. Our team includes MPH and PHD level business expertise, as well as CIO, Physician, and Nurse Administration resources all with proven health care performance and implementation experience. Our clients include hospitals and health systems, HIT networks (Beacon communities, FCC Rural Health Care Pilot networks, Health Information Exchanges) academic medical centers, physician organizations, and for-profit service providers entering the health care delivery market.



Vanessa McLaughlin, MPH is a recognized leader in the innovative development of HIT solutions for the remote delivery of health care services. Ms. McLaughlin is founder of EdithForge Consulting Group. Dr. Thoming is a physician leader with NWAC Specialists and Legacy Health Care System, Portland, Oregon. A complete copy of this white paper is located at www.edithforge.com.

Proposed Rulemaking Deadline August 24

The Oregon Health Authority filed a notice of rulemaking with the Secretary of State on July 15, 2011 for the following:
Informed Consent Requirements for Health Care Providers Participating in Electronic Health Information Exchange. Chapter/division: Chapter 943, Division 15

Public Hearing date/time/location:

August 22, 2011; 2:00-3:00 p.m.; Barbara Roberts Human Services Building, Rooms 137 B, C, and D, 500 Summer St. NE Salem, OR 97301

Public comments close date/time: August 24, 2011; 5:00 pm. The proposed rules will soon be available on the DHS Website: <http://www.oregon.gov/DHS/admin/dwssrules/index.shtml>.

Obama Administration establishes White House Rural Council to strengthen rural communities

The White House has established the first White House Rural Council. While rural communities face challenges, they also present economic potential. To address these challenges, build on the Administration's rural economic strategy, and improve the implementation of that strategy, the President signed an Executive Order establishing the White House Rural Council.

"Strong rural communities are key to a stronger America," said President Barack Obama in a news release. "That's why I've established the White House Rural Council to make sure we're working across government to strengthen rural communities and promote economic growth."

The White House Rural Council will coordinate programs across government to encourage public-private partnerships to promote further economic prosperity and quality of life in rural communities nationwide. Key factors include improving job training and workforce development in rural America; expand markets for agriculture; and much more.

Chaired by Secretary of Agriculture Tom Vilsack, the Council will be responsible for providing recommendations for investment in rural areas and will coordinate Federal engagement with a variety of rural stakeholders, including agricultural organizations, small businesses, and state, local, and tribal governments.

"The Rural Council announced by President Obama shows his continued focus on promoting economic opportunity, creating jobs, and enhancing the quality of life for those who live in rural America."

To read the news release in its entirety, visit <http://www.whitehouse.gov/the-press-office/2011/06/09/obama-administration-establishes-white-house-rural-council-strengthen-ru>.

OHSU receives top rankings for national hospitals

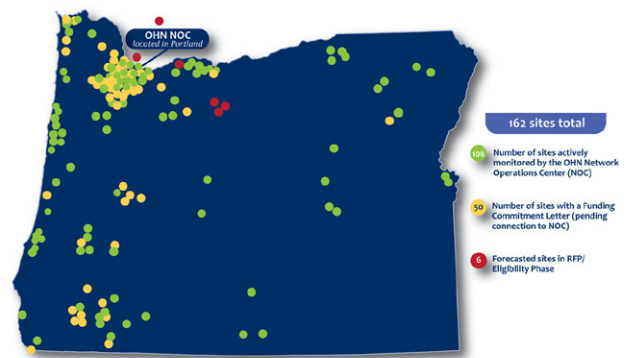
Top hospital rankings released last month put Portland's Oregon Health Sciences University at the top for adults (Ear, Nose, Throat) as well as Pediatrics (Ranked #35 in Pediatrics: Cancer; #48 in Pediatrics: Cardiology & Heart Surgery; #40 in Pediatrics: Diabetes & Endocrinology; #45 in Pediatrics: Neonatology; #49 in Pediatrics: Nephrology; #43 in Pediatrics: Neurology & Neurosurgery; #45 in Pediatrics: Pulmonology; and #32 in Pediatrics: Urology

OHSU performed 13,781 annual inpatient and 12,979 outpatient surgeries in 2010. Its emergency room had 40,268 visits. Oregon Health and Science University is a teaching hospital. It is accredited by the Joint Commission (JC).

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, 106 are already live on the NOC and being monitored 24/7/365. The sites around the state represent hospitals, urban and rural clinics, FQHCs 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.

The Intersection of Telehealth and Health Information Technology (HIT) Live Webinar, August 18 at 6:30pm EST (12:30pm HST)

Free to all ATA members

To join the webinar, visit: <https://cc.callinfo.com/r/1omyano1c7ied> (If this link does not work, copy and paste the address into your web browser). Or call in to 1-800-503-2899 (access code: 2231720)

UC Davis Center for Health and Technology Two-day Telemedicine Education Course August 24 & 25, 2011 and November 2 & 3, 2011 from 8:00 am to 4:30 pm Sacramento, California

The two-day Telemedicine Education Course is a unique curriculum that encompasses a multidisciplinary approach by incorporating discussion, lecture, and hands-on training. Visit <http://www.ucdmc.ucdavis.edu/cht/services/education> for more information and <http://www.ucdmc.ucdavis.edu/cht/services/education/registration.html> if you would like to register.

American Telemedicine Association (ATA) Mid-year Meeting September 18-20, 2011

Anchorage, Alaska

<http://www.americantelemed.org>

6th Annual TAO Meeting and Summit "Telesolutions for Health Care--Any Time, Anywhere"

October 11-12

University Place Conference Center, 310 SW Lincoln Street, Portland www.ortelehealth.org

Oregon Connections Telecommunications Conference

October 27-28, 2011

Hood River, Oregon

www.oregonconnections.info