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Executive Summary

Two rural health systems in southern Ohio, the Adena Health System and the O'Bleness Health System, submit this application for funding under the FCC Rural Health Care Pilot Program to create the Southern Ohio Health Care Network. We appreciate the foresight and leadership of the Commissioners in creating this pilot program to advance the state of health care in rural areas. Our proposal encompasses:

- A service area of fifteen rural counties – home to 579,000 people.
- Equal in size to the entire state of New Jersey (>7,400 square miles).
- Nine of the ten most impoverished counties in Ohio.
- More than fifty health care facilities including:
 - o Nineteen Federally Qualified Health Clinics (FQHC)
 - o Eight Critical Access Hospitals (CAH)
 - o Eleven Rural Health Clinics (RHC)
- Seventeen Federally designated Health Professional Shortage Areas (HPSA).
- Rural-Urban Commuting Area (RUCA) codes as high as 10.



This pilot project provides a model that can be replicated to other rural areas if assessment data supports such expansion.

Project Goals

- Create an inclusive and sustainable broadband health care network open to all providers in the service area.
- Participate in Statewide efforts to build a unified health care information infrastructure and cooperative clinical services.
- Expand telemedicine capacity to broaden the reach of the existing neonatal care and psychiatry programs and to support additional disciplines.
- Enhance sustainability of rural medical practices.
- Develop deeper collaboration among health care providers.
- Deploy immersive telepresence based on high definition video and high fidelity audio to enhance telemedicine.
- Deliver high impact continuing education programs for physicians and allied health professionals.
- Support a progressive community health record project and support efforts to create a regional health information organization (RHIO).
- Enhance emergency communications to improve coordination in the event of a crisis affecting the region or nation.
- Provide capacity for economic development, digital divide and K-20 initiatives.
- Conduct rigorous assessment of the project.

Key Advantages of Our Proposal

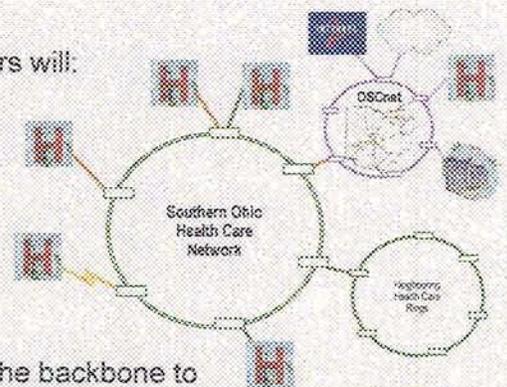
Our proposal to establish the Southern Ohio Health Care Network offers a strong test case for the Rural Health Care Pilot Program because we:

- Provide leadership from within the rural service region, building upon a high level of trust; an essential dimension in achieving success in these communities.
- Offer the commitment of the two largest non-profit health systems in the service area which:
 - o Manage half the health care facilities in the fifteen rural counties.
 - o Leverage established relationships with over two-thirds of physicians practicing in the region.
 - o Generate annual revenue of over \$430 million.
 - o Bring to the table existing service agreements with specialist groups from urban centers.
- Include a strong project team with the experience and expertise required to bring the project to successful completion.
- Enjoy the support of key universities, agencies and the State of Ohio.
- Build upon the tradition of collaboration already established in the region and in the state.

Technology Overview

In creating the Southern Ohio Health Care Network, the partners will:

- Construct or purchase fiber optic rings to create a redundant backbone connecting the largest concentrations of health care facilities.
- Interconnect to the Ohio Supercomputing Center network (OSCnet) for access to urban health care providers, universities, Internet2 and commodity Internet services.
- Establish health care points-of-presence (H-POPs) on the backbone to support connectivity to facilities outside of the reach of the fiber optic rings.
- Deploy the most cost effective solution for "last mile" connections to remaining health care facilities to the nearest H-POP, either by:
 - o Extending private fiber spurs or broadband wireless links.
 - o Utilizing incumbent carriers to provide wired or wireless broadband connectivity.
- Deploy next generation telemedicine and continuing education infrastructure to provide immersive experiences and sophisticated simulations.
- Interconnect with the statewide emergency communications network.
- Activate separate lambdas on the fiber optic network to support economic development, digital divide and K-20 initiatives.



Summary of Phase 1 Funding Request

	Capital	Annual Operating	Funding Share
Rural Health Care Pilot Project	\$12,163,573	\$882,922	85%
Adena and O'Bleness	\$2,146,513	\$155,810	15%
Pilot Project Totals	\$14,310,086	\$1,038,732	100%

“Not to Exceed” Basis of Budget

This budget represents the projected costs for a private network build. We present this as a “not to exceed” budget due to the possibility of financial participation of one of the incumbent carriers. In such a scenario, the Southern Ohio Health Care Network would become an “anchor tenant” for a carrier network build serving broader purposes.

In the event that costs are less than projected, we request the flexibility to expand the scope of Phase 1 by using the remaining Rural Health Care Pilot funding to tackle the top priorities that emerge from the engineering studies (detailed later in this proposal).

Consortium Members

- Adena Health System (Fiduciary Agent)
- O'Bleness Health System
- Southern Consortium for Children
- Columbus Children’s Hospital
- Health Policy Institute of Ohio
- Ohio Supercomputer Center, OSCnet
- Wright State University School of Medicine and College of Nursing and Health
- Ohio State University College of Medicine
- Ohio University College of Osteopathic Medicine

Project Team

Our proposal offers a strong project team made up principally of long-time residents of the service area who have with the experience and expertise to bring the project to successful completion.

- Marcus Bost, CIO, Adena Health System
- Kristine Barr, CIO, O'Bleness Health System
- Tom Reid, President, Reid Consulting Group LLC
- Brian Phillips, CIO, Ohio University College of Medicine
- Lawrence Gabel, Professor and Vice Chair for Academic Affairs, Ohio State University College of Medicine

Authority

The application is submitted under the authority of:

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This application for funding under the FCC Rural Health Care Pilot Project was prepared and is presented by:



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Mr. Reid will continue as the primary contact for this funding application.

Sources of Data

- Centers for Medicare and Medicaid Services (CMS)
- Health Resources and Services Administration, Bureau of Health Professions
- U.S. Census Bureau
- Flex Monitoring Team

Our Strategy

The Challenges

In southern Ohio we face the daunting but essential challenges to:

- Improve health care delivery in an underserved and impoverished population.
- Help physicians in the area survive the increasingly harsh economic realities of practicing medicine in rural areas.
- Affect change within a rural culture.

Key Advantages of Our Proposal

Our proposal to establish the Southern Ohio Health Care Network offers a strong test case for the Rural Health Care Pilot Program. These key factors put us in a strong position to affect change in health care delivery in the service area:

1. Provides leadership from within the rural service region, building upon a high level of trust; an essential dimension in achieving success in these communities.
2. Offers the commitment of the two largest non-profit health systems in the service area which combined:
 - o Manage half the health care facilities in fifteen rural counties.
 - o Leverage established relationships with over two-thirds of physicians practicing in the region.
 - o Generate annual revenue of over \$430 million.
 - o Bring to the table existing service agreements with specialist groups from urban centers.
3. Includes a strong project team make up principally of long-time residents of the service area who have the experience and expertise required to bring the project to successful completion.
4. Enjoys the support of key universities, agencies and the State of Ohio.
5. Builds upon the tradition of collaboration already established in the region, among the partners and consortium members, and more broadly in the State of Ohio.

"Fostering collaborations is an important piece in the rural HIT puzzle, but oftentimes regional collaborations become metropolitan hub-centered projects and rural providers can be left out of the mix. In these situations there is concern that the rural voice will not be heard in the decision-making process and that technology may not trickle out to rural areas.

Because rural communities tend to be small, they are able to bring all the stakeholders to the table to make collective decisions on HIT. ... there is still a sense of a network among providers that makes the decision-making process more community oriented."

- The 2006 Report of the National Advisory Committee on Rural Health and Human Services, U.S. Department of Health and Human Services

Build vs. Buy

The partners in this funding proposal are not particularly interested in owning and operating a fiber optic network. However, in seeking solutions to the broadband needs to support health care delivery in southern Ohio, the partners had little success in generating interest from the incumbent carriers in the pursuit of creative and progressive solutions.

However, once it became clear that a private network build was a distinct possibility, the incumbents have shown great interest in partnering for the build. Thus while we have engineered and priced the network as a private build, it is possible that one or more of the incumbents will be the successful bidder. The incumbents in the service area include: Verizon, AT&T, Horizon, United of Ohio, Time-Warner, Cablevision and Windstream Western Reserve.

Other local providers may also enter the picture to offer wired or wireless broadband links to support the project. We seek the flexibility to consider all options for providing the needed bandwidth.

The Importance of Network Redundancy

At present, not a single carrier in the region can offer the reliability needed to support mission critical telemedicine and clinical services. As an example, the entire service region recently lost all Internet access for over forty-eight hours when a single fiber optic cable was cut. The cable, owned by American Electric Power, provided the connectivity to the region for Time-Warner, Verizon, OSCnet and several smaller telecommunications and Internet companies.

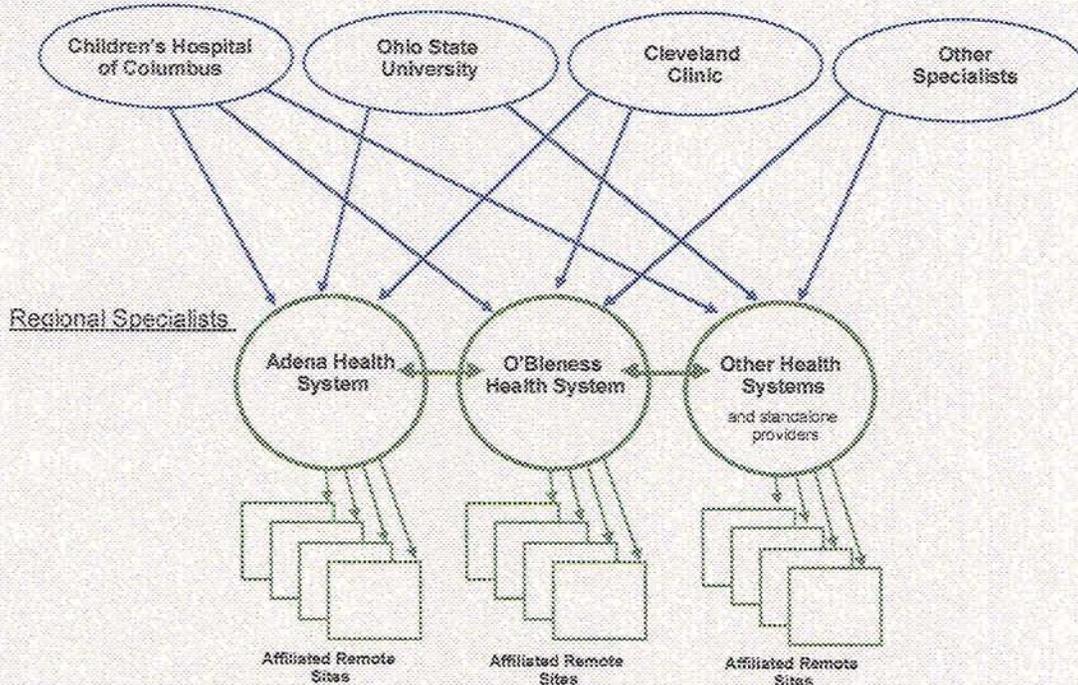
Health care services simply cannot be built based on such unreliable service. The often-targeted "four nines" of reliability (99.99%) translates into only 52.6 minutes of downtime per year. Even a "three nines" reliability target only allows for 526 minutes of outage per year. In the incident described above, our service region incurred **fifty times** the "four nine" limit and five times the "three nine" limit from a single fiber cut.

Competitively Neutral Telemedicine

Telemedicine holds much promise for further improving health care in southern Ohio; however, for the service to have an impact, it must be seen as increasing rather than decreasing options for referring physicians. In building telemedicine capacity, it is common for a large urban medical center to own and operate the system, offering only their specialists for consultation. While this model has its benefits, such a proprietary approach can result in reduced participation by referring physicians. A competitively neutral network for telemedicine:

- Empowers referring physicians to pick specialists from multiple participating health care providers, thus increasing utilization and spurring healthy competition.
- Encourages telemedicine practices within the southern Ohio health care community. For example, Adena and O'Bleness currently offer in-house and visiting specialists in orthopedics, neurology, pain management, oncology, cardiology and diabetes.

Statewide Specialists



The keys to building such a flexible telemedicine capacity include:

- Focusing on standards based (or de-facto standards based) equipment.
- Deploying codecs supporting multiple protocols.

Immersive Telemedicine

Telemedicine networks in rural areas generally are limited to T-1 speeds. While still a useful service, the quality of the video and audio remains a distraction, creating a barrier between the patient and physician. Next generation solutions that create a more immersive experience require high speed networks. The impact of broadband on image and sound quality dramatically expands the range of diagnostic activities that can take place and also improves the sense of telepresence.

Continuing Education for Physicians and Allied Health Professionals

The proposed network will support the physicians and allied health professionals in their efforts to meet their field's demanding continuing education requirements in three ways:

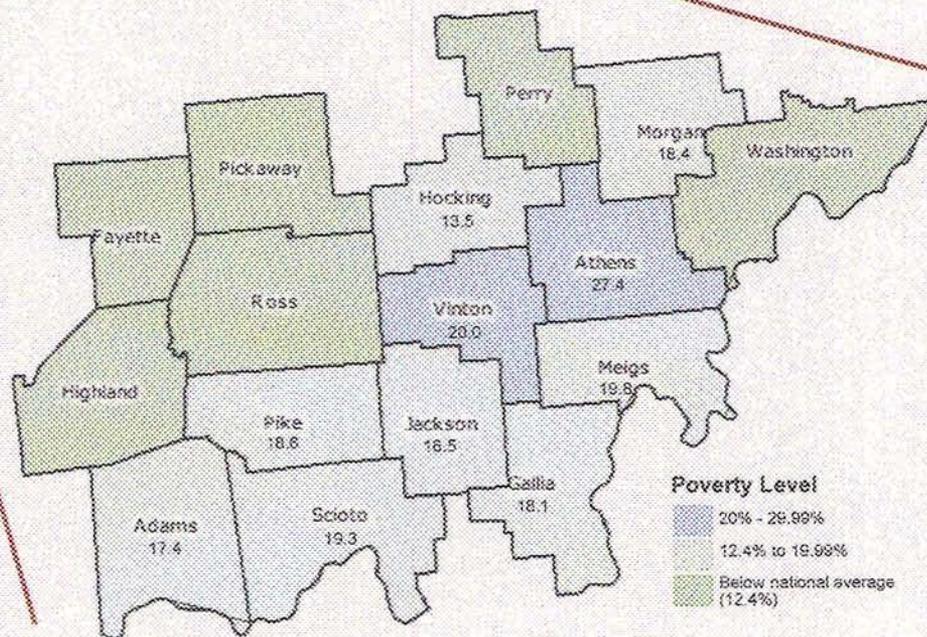
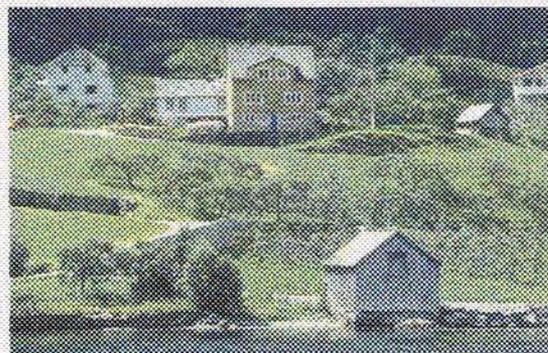
- Extending broadband capacity to support multi-media learning modules and sophisticated simulations.
- Providing video conferencing capabilities for participation in synchronous remote learning opportunities.
- Offering a web conferencing capacity that supports both synchronous and asynchronous collaboration among special interest groups, e.g. communicable diseases. The product would provide "persistent rooms" that participants can enter at any time to retrieve documents, review recordings of previous sessions or participate in real-time discussions.

The Service Region

Socio-Economic Profile

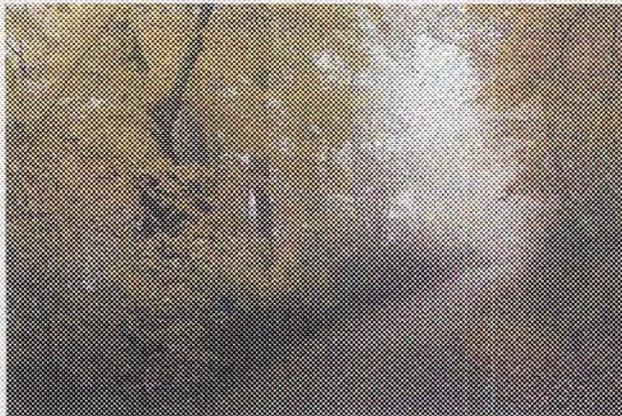
The service region suffers from poverty rates well above the national average and the condition is worsening. In the past ten years, the poverty rate has increased by an average of over 5% in the region with the top rate now standing at over 27% of the population. Our service area spans:

- A service area of fifteen rural counties – home to 579,000 people.
- Equal in size to the entire state of New Jersey (>7,400 square miles).
- Nine of the ten poorest counties in Ohio.



Population of Service Region = 579,000 (2000 Census)

County	Population	Pop/Sq Mile	Median Household
Adams	27,330	46.8	\$30,421
Athens	62,223	122.7	29,116
Fayette	28,433	69.9	39,082
Gallia	31,069	66.2	32,167
Highland	40,875	73.9	36,486
Hocking	28,241	66.8	35,379
Jackson	32,641	77.7	31,943
Meigs	23,072	53.8	27,749
Morgan	14,897	35.6	31,577
Perry	34,078	83.1	35,104
Pike	27,695	62.8	32,894
Ross	73,345	106.6	37,957
Scioto	79,195	129.4	29,134
Vinton	12,806	30.9	30,970
Washington	63,251	99.6	35,162



Natural Resources

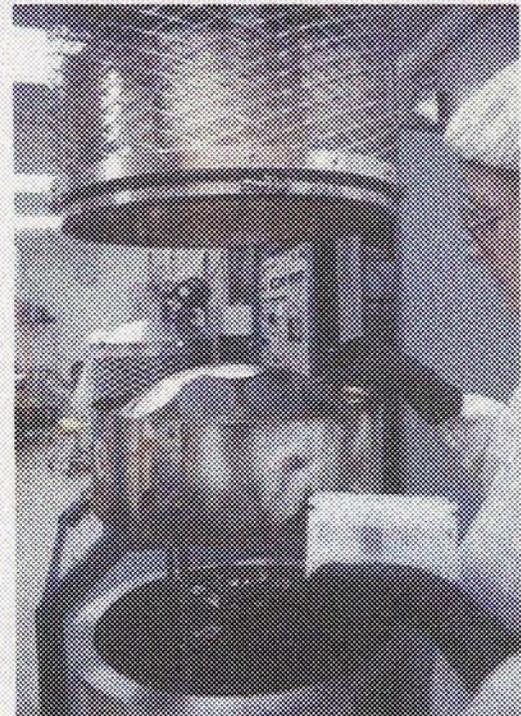
- Natural beauty
- Large tracts of National Forest
- Natural gas
- Coal

Economic Drivers

- Manufacturing
- Farming
- Extractive industries
- Health care
- Higher education
- Tourism

Areas of Growth

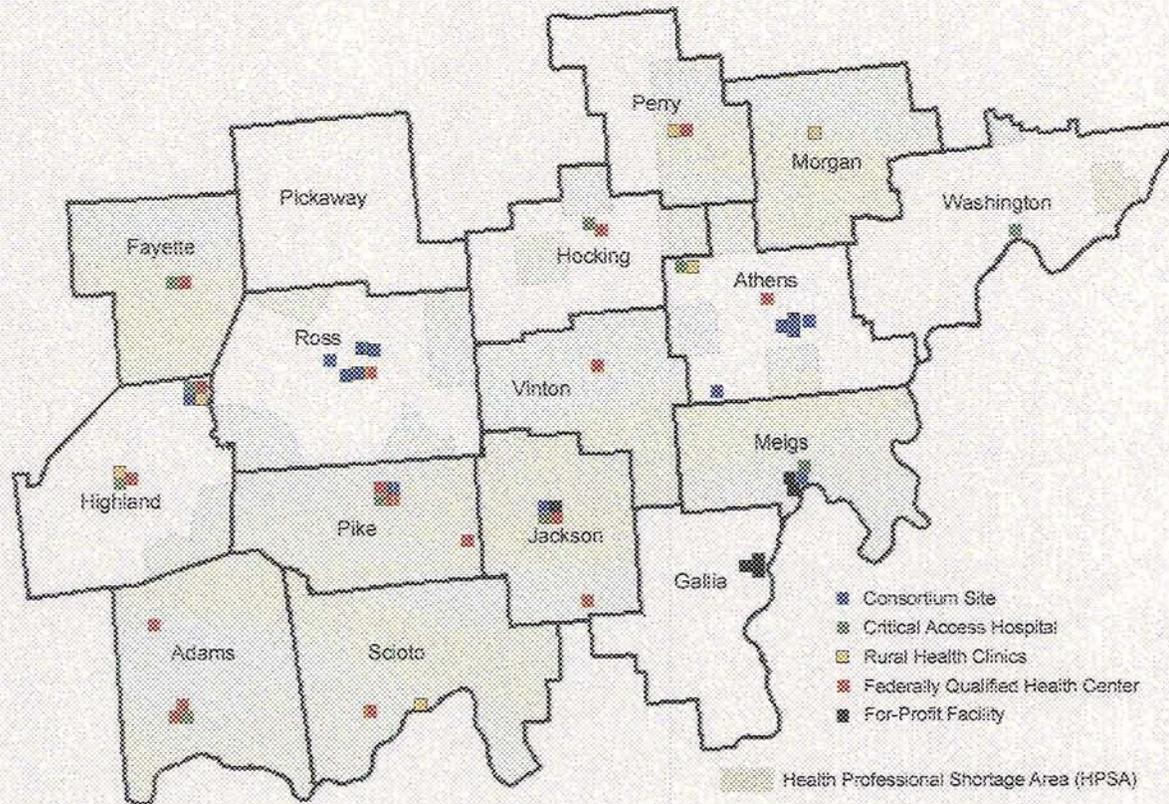
- Biomedical research and development
- Engineering research and development



Health Care Providers

Given the region's low population densities, it is no surprise that many of the health care facilities struggle to remain financially viable. The region's combined service area encompasses:

- Over fifty rural health care facilities, including
 - o Nineteen Federally Qualified Health Clinics (FQHC).
 - o Eight Critical Access Hospitals (CAH).
 - o Eleven Rural Health Clinics (RHC).
- Seventeen Health Professional Shortage Areas (HPSA).



HPSAs in Service Region	
Adams Service Area	Meigs Service Area
Brush Creek Service Area	Morgan Service Area
Colerian Service Area	Paint Service Area
Deerfield Service Area	Pike Service Area
Fayette Service Area	Scioto Service Area
Jackson Service Area	Trimble Service Area
Laurel Service Area	Vinton Service Area
Lawrence Service Area	Ward Service Area
Lodi Service Area	

Lack of Carrier Commitment

At present, our service area suffers the same woes as other rural areas in terms of access to advanced telecommunications services. These symptoms include:

- Weak carrier investment due to low population density (with one notable exception).
- No backbone redundancy.
- Limited, and often cost prohibitive, solutions to satisfy needs beyond T-1 speeds.

Members of the Consortium

The Partners: Adena Health System and O'Bleness Health Systems

Facilities

The Adena and O'Bleness rural health systems operate twenty-four health care facilities from sixteen locations within the service region, serving an economically disadvantaged population.

Budget Summary

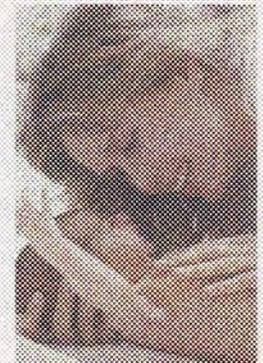
	Adena	O'Bleness	Combined
Net Revenue (millions)	\$368	\$62.2	\$430
Charity Care (millions)	\$7.15	\$3.63	\$10.8
Bad Debt (millions)	\$12.06	\$4.66	\$16.7

Payer Mix

Medicare	16%	27%
Medicaid	23%	15%
Uninsured	16%	12%
Medicare/Medicaid/Uninsured	55%	54%

Preserving Critical Services for the Region

In recent years, both Adena and O'Bleness have expanded their health care systems to preserve critical services to the region. For instance, rising malpractice costs and unilateral reductions in reimbursements from insurance companies threatened literally all of the OB/GYN practices in the fifteen county rural service area. By incorporating these practices within their health systems, Adena and O'Bleness saved pre-natal and birthing services in the region by streamlining administrative costs and leveraging negotiating power with the insurance companies.



Technological Progress

Despite the obstacles, both Adena and O'Bleness have extended technology services across their facilities, including:

- Multiple T-1's for voice and data connectivity to remote sites.
- OC-3 to OSCnet for telemedicine project.
- Campus fiber optic networks interconnecting neighboring buildings.
- Robust in-building networks both wired and wireless.
- Clinical automation systems providing:
 - o Picture Archiving and Communications Systems (PACS)
 - o Electronic Medical Records (EMR)
 - o Lab Results, etc.

Columbus Children's Hospital

Founded by a determined group of women in 1892, Columbus Children's Hospital began as a local charity to serve a dozen very ill children. Throughout the following century, this tiny community-funded mission matured into a health care system that today spans the Midwest as one of its preferred providers of pediatric health care. Columbus Children's today is ranked as one of the nation's ten largest children's hospitals and pediatric research centers.



Southern Consortium for Children

The Southern Consortium for Children (SCC) was formed in 1988 in response to the closure of a children's state-operated psychiatric hospital. The SCC operates clinical operations enabling children, adolescents, and adults to obtain comprehensive mental health, substance abuse, vocational, and other behavioral health services in their respective communities, appropriate to their individual needs, and in the least restrictive environment.

*Southern
Consortium
for
Children*

OSCnet

OSCnet is the most advanced statewide research and education network in the nation, serving K-12, colleges and universities, hospitals and public television stations. OSCnet is a dedicated high-speed fiber-optic network with over 1,600 miles of fiber to create the network backbone. OSCnet, a technology initiative of the Ohio Board of Regents, is operated by OARnet, Ohio Supercomputer Center's (OSC) networking division.

OSCnet

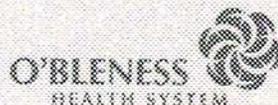


Health Policy Institute of Ohio

The Health Policy Institute of Ohio (HPIO) is an independent, nonpartisan, statewide center that informs Ohio health policy by forecasting health trends, analyzing key health issues, and communicating current research to policymakers, state agencies and other decision-makers.

HPIO has become the focal point within Ohio for coordination and collaboration among the various stakeholders and regional consortiums to build a common vision and interoperable infrastructure.

HEALTH POLICY INSTITUTE
OF OHIO



Internet2

Internet2 is the foremost U.S. advanced networking consortium. Led by the research and education community since 1996, Internet2 promotes the missions of its members by providing both leading-edge network capabilities and unique partnership opportunities that together facilitate the development, deployment and use of revolutionary Internet technologies.



By bringing research and academia together with technology leaders from industry, government and the international community, Internet2 promotes collaboration and innovation that has a fundamental impact on the future of the Internet.

Wright State University School of Medicine and College of Nursing and Health

The Boonshoft School of Medicine at Wright State University in Dayton, Ohio, offers academic excellence and diversity in a full range of educational programs. Their hallmarks include a focus on generalist physician training, dynamic partnerships with our community and collaborative research initiatives.



The Wright State University College of Nursing and Health is committed to excellence in nursing education. The Bachelor of Science in Nursing (BSN) program has a four-year program for pre-licensure students, a completion program specifically for registered nurse students and an accelerated post baccalaureate program (BEACON). The Master of Science in nursing (MS) program provides advanced preparation for nurses in a variety of specialty areas.

Ohio University College of Osteopathic Medicine

The College of Osteopathic Medicine is accredited by the American Osteopathic Association and is one of 23 osteopathic medical schools in the United States and the only osteopathic program in Ohio. Fifty-five percent of OU-COM graduates are practicing in primary care, the highest percentage of any medical school in Ohio. The focus of instruction at OU-COM has always been a holistic approach to practicing family-oriented, primary care medicine.



Ohio State University College of Medicine

For nearly 90 years, The Ohio State University College of Medicine has helped medical students and residents discover the fascination of medicine and research, achieve academic and professional success, and lead tomorrow's quest for advancing the quality of life across the globe. Ranked 7th among public university medical programs, OSU brings great depth in specialty areas and research.



Existing Programs and Innovations

Neonatal Intensive Care Telemedicine

With the support of the Ohio Board of Regents, Columbus Children's Hospital and the Adena Health System launched a neo-natal intensive care telemedicine program in late 2004. The program provides specialists to consult with Adena physicians regarding neonatal patients and also provides a link to the neonatal intensive care unit in Columbus for family members to "visit" infants that require treatment at Children's. Care and consultations include subspecialties such as pediatric cardiology. The link provides live audio and video feeds plus an electronic stethoscope.



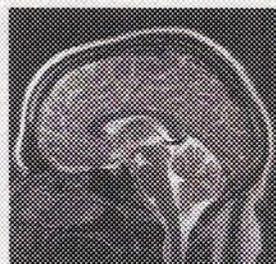
Psychiatry and Psychotherapy Telemedicine

For the Southern Consortium for Children (SCC), providing psychological services across ten sparsely populated rural counties proved daunting, leaving many in need without service. In 2003, the SCC and Ohio University created a ground breaking telepsychiatry and telepsychotherapy program that dramatically improved service delivery using a video-conferencing network. Due to the success, the network was expanded to a total sixteen sites in 2005. The SCC also delivers continuing education for area behavioral health professionals across the network.

Store and Forward Telemedicine

Numerous physicians practicing in the area take advantage of store-and-forward telemedicine options. For instance:

- Radiology images from PACS are routinely transmitted to multiple remote sites for interpretation and/or treatment planning.
- Cardiology consults are performed using store and forward of EKG data and other diagnostic information.



Home Health Care Telemedicine

Both Adena and O'Bleness operate home health care agencies within their systems. Great efficiencies have been demonstrated in pilot projects to equip the chronically ill with monitoring technology that collects vital signs and symptoms, which are reported to a central repository for clinician review. After reviewing the data the clinician can then follow-up with a revised treatment plan with the patient.



Such monitoring systems enable comprehensive home-based disease management for a broad range of diagnostic groups including: Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Hypertension, and Major Depressive Disorder.

Community Health Record Project

Adena Health System embarked on an ambitious and industry leading effort to create a community wide health record. The five-year, \$16.2 million project to create full Electronic Medical Records (EMR) for all health care organizations and all area physicians. The services include:

- Unified regional electronic medical record (EMR)
- Integrated health care information system (HCIS)
- Clinical decision support system (CDSS)
- Computer physician order entry system (CPOE)
- Picture archiving and communications system (PACS)
- Quality outcome measures
- Scheduling
- Billing
- Physician office automation offered to ALL physicians in the community offering:
- Patient access via secure web site.



"What is beyond dispute is that this disaggregated information regime is an important reason the American health care system ranks a mere 37th in the world in quality and a sobering 48th in life expectancy."

- Technology CEO Council Report, October 2005

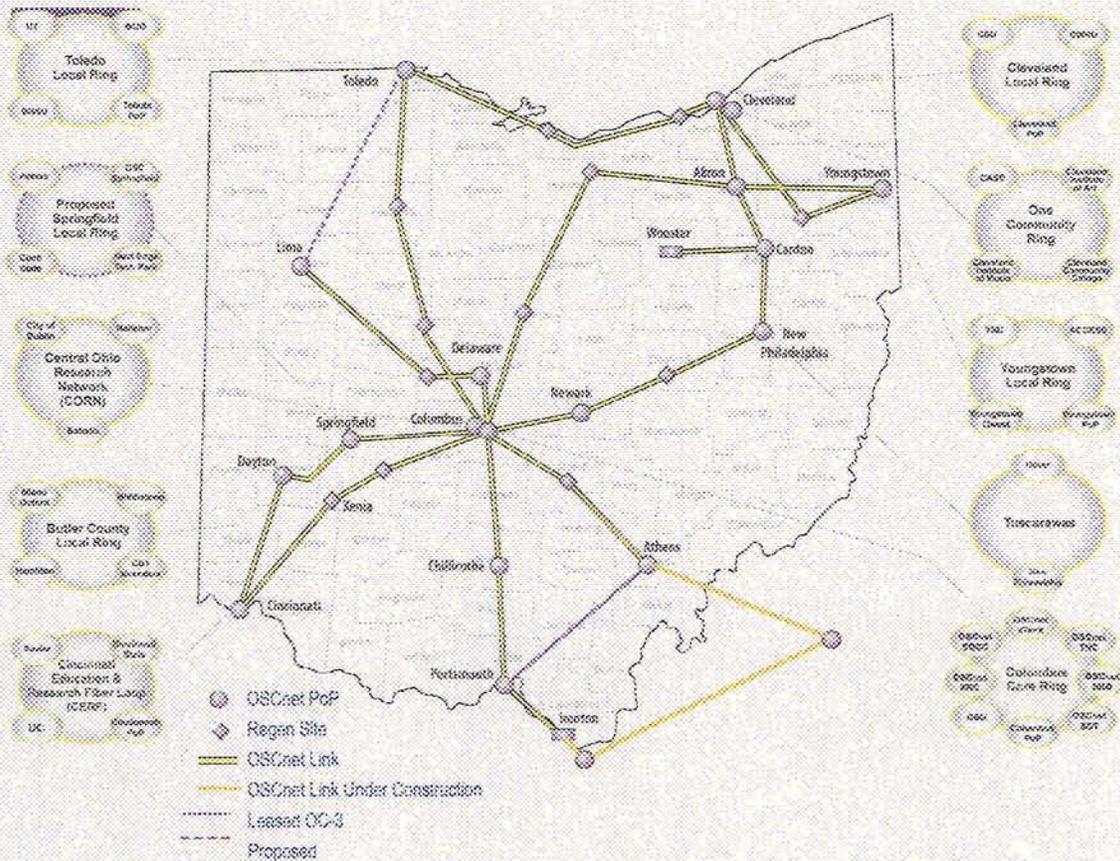
Center for Healthcare Education Innovation

The Adena Health System, Wright State University and Ohio University launched a joint effort to build the Center for Health Care Education Innovation on the Adena campus in Chillicothe, Ohio. The Center will address the critical shortage of health professionals by offering academic programs and outreach including:

- Nursing education
- Allied health profession programs
- Continuing education
- Outreach to 5th and 6th graders about career opportunities in the health care field

OSCnet Fiber Backbone

The OSCnet backbone passes through the service region with POPs in Chillicothe and Athens. Several local and regional rings have already been constructed and interconnected to OSCnet. A link currently under construction will complete the southern Ohio ring, reaching into Kentucky and West Virginia.



Appalachian Regional Informatics Consortium

One of the greatest opportunities of emerging health information technology is the ability to share clinical resources in a community. Sharing information resources through a secure network will empower providers and patients to improve health care quality and enhance research to develop new therapies and promote wellness. The quality and availability of health care in rural communities is a cornerstone for economic development and public safety.

In 2004, the Appalachian Regional Informatics Consortium (ARIC) received funding for its planning phase from an Integrated Advanced Information Management Systems (IAIMS) grant from the National Library of Medicine (NLM). Since that time, the Ohio University College of Osteopathic Medicine (OU-COM) and its health care partners in

Southeastern Ohio have worked under ARIC to improve rural health care quality by planning for a comprehensive community-based health information system.

The goals of ARIC are highlighted in its three primary projects: the development of an electronic health information interchange (a project supported by Appalachian Regional Commission grant funds), the collection of secure health information for research purposes and the creation of a rural regional health information organization (RHIO). The goal of a RHIO is to coordinate health care information for improved regional health care. The goal of the *rural* RHIO, such as the effort evolving under ARIC, is to connect hospitals and clinics in isolated rural areas while overcoming limited resources and infrastructure, high poverty rates and diverse system needs.

To date, 17 providers have expressed an interest in developing the Southeastern Ohio RHIO with ARIC. These providers are predominantly hospitals in rural and/or small communities that refer patients to urban and tertiary care facilities for escalated care.

Emergency Communications

MARCS is the nation's first statewide voice and data communication system for first responders. The voice and data communications system enables police, fire and emergency management crews throughout the state to coordinate with each other to more efficiently and effectively serve and respond to Ohioans during everyday operations and in the event of an emergency. MARCS uses wireless technology to connect with:

- First responders
 - o Police Departments
 - o Sheriff Departments
 - o Fire Departments
 - o EMR Providers
- County Health Departments
- City Health Departments
- County Emergency Management Agencies

