

Indiana Telehealth Network

FCC Quarterly Report

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Quarterly Data Report Requirements

APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

1. Project Contact and Coordination Information

- a. Identify the project leader(s) and respective business affiliations.
 - Project Coordinator - Don Kelso, Executive Director, Indiana Rural Health Association, dkelso@indianarha.org, see bio in Appendix A.
 - Associate Project Coordinator – Becky Sanders, FCC Pilot Program Coordinator, Indiana Rural Health Association, bsanders@indianarha.org, see bio in Appendix A.
- b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.
 - Don Kelso
 - Executive Director
 - Indiana Rural Health Association
 - 1024 S. 6th Street, Suite 202
 - Terre Haute, IN 47807
 - Phone: 812-478-3919, ext. 224
 - Fax: 812-232-8602
 - dkelso@indianarha.org
- c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.
 - The Indiana Rural Health Association
 - The mission of the Indiana Rural Health Association is to enhance the health and well-being of rural populations in Indiana through leadership, education, advocacy, and collaboration. The Indiana Rural Health Association is a not-for-profit corporation developed for the purpose of improving the health of all Indiana citizens in rural settings. The Indiana Rural Health Association is a member-driven organization composed of a diverse membership. The Association is committed to recruiting a diverse, grassroots membership with intrinsic strengths important to the task of providing meaningful forums. The forums provide opportunities for assessing the strengths and weaknesses of the health care systems; identifying needs/problems within the rural settings; and assessing and developing leadership resources. The Indiana Rural Health Association was organized in 1997. The strength of the organization is through the present diverse membership and the founding organizers who are committed to impacting the health of citizens through the identification of rural health issues and through advocacy roles in both the public and private sectors. The Board of Directors is committed to recruiting a large and diverse membership who can provide input on an even wider perspective. The Association hosts an Annual Conference in June. The Conference programs are designed to speak to a wide and diverse audience with varied topics and issues. Communication lines have been formed with State government, health care delivery systems, local governments, rural citizens, business, economic development offices, and rural development offices.
- d. Explain how project is being coordinated throughout the state or region.
 - An Advisory Board has been established, made up of the Plan Co-Applicants and the Indiana Office of Community and Rural Affairs.

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- Since the announcement of the grant awards in November, 2007, we have held periodic meetings of our Advisory Board and appointed committees composed of representatives from Indiana’s health community and telecommunications industry. The Advisory Board has solicited technical advice from Ball State University, who is seen as a neutral entity in the state of Indiana. Ball State University has assisted us in the creation of our RFI and will be assisting the Advisory Board with review of our RFI responses and the creation of the RFP.
- Through the Lead Applicant, the Indiana Rural Health Association, the Indiana Telehealth Network (ITN) is also holding meetings for the 35 Critical Access Hospitals that are targeted for our initial ITN build-out to assess their needs and readiness to be connected to the ITN.

2. Identify all health care facilities included in the network.

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
 - i. Public or non-public;
 - ii. Not-for-profit or for-profit;
 - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission’s rules or a description of the type of ineligible health care provider entity.

- The following table contains the data requested above. The census tract codes referenced below were obtained from <http://www.ffiec.gov/Geocode/default.aspx>. The RUCA codes referenced below were obtained from <http://depts.washington.edu/uwruca/ruca1/rucas.html>.

Hospital Name and Address	County	Public/Profit	RUCA/Census
Adams County Memorial Hospital 1100 Mercer Ave. Decatur, IN 46733 (260) 724-2145	ADAMS	Public Not-for-Profit	Census Tract: 0303.00 County Code: 001 RUCA Primary: 7 RUCA Secondary: 7.3
Bedford Regional Medical Center 2900 W. 16th Street Bedford, IN 47421 812-275-1390	LAWRENCE	Private Not-for-Profit	Census Tract: 9508.00 County Code: 093 RUCA Primary: 4 RUCA Secondary: 4.0
Blackford Community Hospital 410 Pilgrim Blvd. Hartford City, IN 47348 765-331-2101	BLACKFORD	Private Not-for-Profit	Census Tract: 9754.00 County Code: 009 RUCA Primary: 7 RUCA Secondary: 7.4
Bloomington Hospital of Orange County 642 West Hospital Road Paoli, IN 47454 812-723-7453	ORANGE	Private Not-for-Profit	Census Tract: 9514.00 County Code: 117 RUCA Primary: 9 RUCA Secondary: 9.0

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Hospital Name and Address	County	Public/Profit	RUCA/Census
Community Hospital of Bremen, Inc. 1020 High Road PO Box 8 Bremen, IN 46506 574-546-2211	MARSHALL	Private Not-for-Profit	Census Tract: 0201.01 County Code: 099 RUCA Primary: 8 RUCA Secondary: 8.3
Decatur County Memorial Hospital 720 N. Lincoln Street Greensburg, IN 47240 812-663-1171	DECATUR	Public Not-for-Profit	Census Tract: 9693.00 County Code: 031 RUCA Primary: 7 RUCA Secondary: 7.0
Dukes Memorial Hospital 275 West 12 th St. Peru, IN 46970 765-472-8000	HOWARD	Private For-Profit	Census Tract: 9522.00 County Code: 103 RUCA Primary: 4 RUCA Secondary: 4.0
Dunn Memorial Hospital 1600 23rd Street Bedford, IN 47421 812-276-1209	LAWRENCE	Private Not-for-Profit	Census Tract: 9511.00 County Code: 093 RUCA Primary: 4 RUCA Secondary: 4.0
Gibson General Hospital 1808 Sherman Drive Princeton, IN 47670 812-385-9221	GIBSON	Private Not-for-Profit	Census Tract: 0505.00 County Code: 051 RUCA Primary: 7 RUCA Secondary: 7.3
Greene County General Hospital Rural Route #1, Box 1000 Lone Tree Road Linton, IN 47441 812-847-5212	GREENE	Public Not-for-Profit	Census Tract: 9549.00 County Code: 055 RUCA Primary: 7 RUCA Secondary: 7.3
Harrison County Hospital 245 Atwood Drive Corydon, IN 47112 812-738-7830	HARRISON	Public Not-for-Profit	Census Tract: 0604.00 County Code: 061 RUCA Primary: 7 RUCA Secondary: 7.3
Jasper County Hospital 1104 E. Grace St. Rensselaer, IN 47978 219-866-2020	JASPER	Public Not-for-Profit	Census Tract: 9912.00 County Code: 073 RUCA Primary: 7 RUCA Secondary: 7.0
Jay County Hospital 500 W. Votaw St. Portland, IN 47371 260-726-7131	JAY	Public Not-for-Profit	Census Tract: 9631.00 County Code: 075 RUCA Primary: 7 RUCA Secondary: 7.0
LaGrange Community Hospital (Parkview) 207 North Townline Road LaGrange, IN 46761 260-463-2143	LAGRANGE	Private Not-for-Profit	Census Tract: 9702.00 County Code: 087 RUCA Primary: 10 RUCA Secondary: 10.4

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Hospital Name and Address	County	Public/Profit	RUCA/Census
Perry County Memorial Hospital One Hospital Road Tell City, IN 47586 812-547-0170	PERRY	Public Not-for-Profit	Census Tract: 9525.00 County Code: 123 RUCA Primary: 7 RUCA Secondary: 7.0
Pulaski Memorial Hospital 616 E. 13th St. Winamac, IN 46996 574-946-2166	PULASKI	Public Not-for-Profit	Census Tract: 9590.00 County Code: 131 RUCA Primary: 10 RUCA Secondary: 10.0
Putnam County Hospital 1542 Bloomington St. Greencastle, IN 46135 765-655-2620	PUTNAM	Public Not-for-Profit	Census Tract: 9563.00 County Code: 133 RUCA Primary: 7 RUCA Secondary: 7.3
Rush Memorial Hospital 1300 N. Main St. Rushville, IN 46173 765-932-7513	RUSH	Public Not-for-Profit	Census Tract: 9744.00 County Code: 139 RUCA Primary: 7 RUCA Secondary: 7.3
Scott County Memorial Hospital 1451 N Gardner Scottsburg, IN 47170 812-752-3456	SCOTT	Public Not-for-Profit	Census Tract: 9670 County Code: 143 RUCA Primary: 7 RUCA Secondary: 7.3
St. Mary's Warrick Hospital 1116 Millis Avenue Boonville, IN 47601 812-897-7113	WARRICK	Private Not-for-Profit	Census Tract: 0306.00 County Code: 173 RUCA Primary: 7 RUCA Secondary: 7.1
St. Vincent Clay Hospital 1206 E. National Avenue Brazil, IN 47834 812-442-2500	CLAY	Private Not-for-Profit	Census Tract: 0402.00 County Code: 021 RUCA Primary: 7 RUCA Secondary: 7.3
St. Vincent Frankfort Hospital 1300 S. Jackson Street Frankfort, IN 46041 765-656-3133	CLINTON	Private Not-for-Profit	Census Tract: 9508.00 County Code: 023 RUCA Primary: 4 RUCA Secondary: 4.0
St. Vincent Jennings Hospital 301 Henry St. North Vernon, IN 47265 812-352-4228	JENNINGS	Private Not-for-Profit	Census Tract: 9604.00 County Code: 079 RUCA Primary: 7 RUCA Secondary: 7.4
St. Vincent Mercy Hospital 1331 S. A Street Elwood, IN 46036 765-552-4594	MADISON	Private Not-for-Profit	Census Tract: 0102.00 County Code: 095 RUCA Primary: 7 RUCA Secondary: 7.1

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Hospital Name and Address	County	Public/Profit	RUCA/Census
St. Vincent Williamsport Hospital 412 N. Monroe Street Williamsport, IN 47993 765-762-4001	WARREN	Private Not-for-Profit	Census Tract: 9510.00 County Code: 171 RUCA Primary: 10 RUCA Secondary: 10.1
Sullivan County Community Hospital 2201 North Section Street Sullivan, IN 47882 812-268-4311	SULLIVAN	Public Not-for-Profit	Census Tract: 0503.00 County Code: 153 RUCA Primary: 9 RUCA Secondary: 9.1
Tipton County Memorial Hospital 1000 S. Main Street Tipton, IN 46072 765-675-8502	TIPTON	Public Not-for-Profit	Census Tract: 0204.00 County Code: 159 RUCA Primary: 7 RUCA Secondary: 7.3
Wabash County Hospital 710 N. East Street Wabash, IN 46992 260-569-2216	WABASH	Public Not-for-Profit	Census Tract: 9926.00 County Code: 169 RUCA Primary: 4 RUCA Secondary: 4.0
Washington County Memorial Hospital 911 N. Shelby Street Salem, IN 47167 812-883-5881	WASHINGTON	Public Not-for-Profit	Census Tract: 9675.00 County Code: 175 RUCA Primary: 7 RUCA Secondary: 7.3
West Central Community 801 S. Main Street Clinton, IN 47842 765-832-1203	VERMILLION	Private Not-for-Profit	Census Tract: 0205.00 County Code: 165 RUCA Primary: 7 RUCA Secondary: 7.1
White County Memorial Hospital 1101 O'Connor Blvd. Monticello, IN 47960 574-583-1709	WHITE	Public Not-for-Profit	Census Tract: 9586.00 County Code: 181 RUCA Primary: 8 RUCA Secondary: 8.3
Woodlawn Hospital 1400 E. Ninth Street Rochester, IN 46975 574-224-1173	FULTON	Private Not-for-Profit	Census Tract: 9531.00 County Code: 049 RUCA Primary: 7 RUCA Secondary: 7.4

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;

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- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

- The ITN has not completed the competitive bidding process or the selection of vendors.

4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

- a. Health care provider site
- b. Eligible provider (Yes/No);
- c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.

- The ITN did not connect any health care providers to the network during the 2nd quarter of 2008.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

- a. Network Design
- b. Network Equipment, including engineering and installation
- c. Infrastructure Deployment/Outside Plant
 - i. Engineering
 - ii. Construction
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs

- The ITN did not incur any non-recurring or recurring costs during the 2nd quarter of 2008.

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6. Describe how costs have been apportioned and the sources of the funds to pay them:

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
- b. Describe the source of funds from:
 - i. Eligible Pilot Program network participants
 - ii. Ineligible Pilot Program network participants
- c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).
 - i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
 - ii. Identify the respective amounts and remaining time for such assistance.
- d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

- During the 2nd quarter of 2008, the ITN did not incur any non-recurring or recurring costs.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

- The ITN anticipates making the network available for use by ineligible entities, but has not yet determined the technical or non-technical requirements or procedures for these entities.

8. Provide an update on the project management plan, detailing:

- a. The project's current leadership and management structure and any changes to the management structure since the last data report; and
- b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

- The Indiana Rural Health Association (IRHA) is the Lead Applicant for the Indiana Telehealth Network.
- The Indiana Telehealth Network has established an Advisory Board, made up of the Plan Co-Applicants and the Office of Community and Rural Affairs. The Advisory Board members are listed below:
 - Don Kelso, Executive Director, IRHA and the Project Coordinator for the Indiana Telehealth Network
 - Becky Sanders, FCC Pilot Program Associate Project Coordinator, IRHA and Associate Project Coordinator for the Indiana Telehealth Network

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- John Winenger, MBA, FACHE, Regional Network Consultant, Network Development, St. Vincent Health
- Jennifer Baron, Program Director, Telemedicine, Clarian Health
- Dr. Todd Rowland, Director of Informatics, Bloomington Hospital/ Executive Director, HealthLINC
- Erik Southard, RN, MS, CFNP, DNP, Administrator, Richard G. Lugar Center for Rural Health
- John Koppin, CAE, President, Indiana Telecommunications Association
- Mark McMath, Vice President, Chief Information Officer, Administration, Bloomington Hospital
- Ryan Daniel, Project Manager, Indiana Office of Community and Rural Affairs
- Geoff Schomacker, Project Manager, Indiana Office of Community and Rural Affairs
- David Terrell, Executive Director, Indiana Office of Community and Rural Affairs
- Tim McGeath, Attorney, Hall, Render, Killian, Heath & Lyman, P.C.
- Jonathan Neufeld, PhD, Indiana Rural Health Specialty Exchange
- **Project Plan and Schedule**
 - Subsequent to the close of the 2nd Quarter of 2008, the Indiana Telehealth Network did release a Request for Information (RFI) for the project. Proposed deliverables are as follows:
 - RFI Released
 - July 1, 2008 (completed)
 - RFI is posted on the Indiana Telehealth Network website at <http://www.indianatelehealth.org/>
 - Letters of Intent due July 15, 2008
 - 18 letters of Intent were received
 - Open Forum RFI Q&A Sessions
 - July 9th, 2008 (completed)
 - Q&A from this session is posted on the Indiana Telehealth Network website at <http://www.indianatelehealth.org/>
 - August 14, 2008
 - RFI Responses Due
 - August 29, 2008
 - Request for Proposal (RFP)
 - Anticipated posting October/November 2008
 - Indiana Telehealth Network Construction
 - Proposed to commence end of 1st quarter/beginning of 2nd quarter 2009

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

- The ITN proposes to become self-sustaining. As mentioned in our grant application, ITN has identified each rural hospital as the "anchor tenant" in each rural community. Hospitals are often the largest employers in small rural markets. They often consist of the largest total number user of computers users and, therefore, need strong internet connectivity. Hospital administrators are also frequent

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participants in local community planning exercises and actively working with local business leaders to discuss economic development. This discussion includes community needs assessments and holding local community leaders accountable for enhancing services so that rural communities can remain local in getting the services they need to function effectively in all areas of their lives, including healthcare. Therefore, it is our professional judgment that using the rural hospitals as the anchor customer will provide a strong economic position for future growth of the network in each community, which will enhance the overall network's financial sustainability.

10. Provide detail on how the supported network has advanced telemedicine benefits:

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
 - b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
 - c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
 - d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
 - e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.
- While the ITN does not anticipate actual construction of the physical fiber optic network to begin until the end of 1st quarter 2009, ITN is working with several organizations throughout the state and are facilitating ongoing discussions regarding the goals and objectives outlined in our Pilot Program application. These organizations include:
 - **HealthBridge**
 - HealthBridge is a not-for-profit health information exchange serving in the Greater Cincinnati tri-state area. Founded in 1997, HealthBridge is one of the nation's largest and most successful community health information exchanges.
 - Our mission is to improve the quality and efficiency of healthcare in our community. To do this we serve as a trusted third party working with all participating healthcare stakeholders to facilitate creation of an integrated and interoperable community healthcare system.
 - HealthBridge includes Margaret Mary's Community Hospital as a participant in Southeastern Indiana.
 - **HealthLINC**
 - HealthLINC is a Health Information Exchange that serves a 10-county area in South Central Indiana and includes Bloomington Hospital of Orange County as a participant.
 - The mission of HealthLINC is to provide the infrastructure, support services, and a collaborative environment that enable providers and public health to share clinical information across organizational lines to

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improve the quality, safety, and efficiency of care in South Central Indiana.

- **Indiana Telehealth Advisory Consortium**
 - This organization was formed in May of 2005 and is run solely on volunteer effort. TAC's mission is to look for ways to leverage and expand the use of telehealth technologies in Indiana so that more Hoosiers are able to realize the benefits.
- **Indiana Health Information Exchange**
 - The Indiana Health Information Exchange provides services that streamline the healthcare industry by delivering information at the most critical time: the point-of-care. Their goal is to align transparency, efficiency and quality to improve patient health.
- **Midwest Alliance for Telehealth and Technology Resources (MATTeR)**
 - MATTeR supports existing and developing telehealth organizations in meeting the health needs of rural residents and underserved communities. While MATTeR is available to assist on a national basis, the particular focus of MATTeR activities is within the tri-state region of Michigan, Indiana and Kansas.
- **Midwest Alliance for Health Education (MAHE)**
 - MAHE's objective is to provide the energy and imagination that enables linking the resources and activities of a variety of organizations so qualified health care information can be available at the most appropriate time and in the most appropriate format for updating the knowledge of rural health care providers.
 - MAHE received a 2008 Network Planning grant from the US Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy. The lead partners for this initiative are:
 - Midwest Alliance for Telehealth and Technology Resources
 - Marquette General Health System, Marquette, Michigan
 - Clarian Health, Indianapolis, Indianapolis, Indiana
 - Kansas' Area Health Education Centers, University of Kansas Medical Center, Kansas City, Kansas
- **Regenstrief Center for Healthcare Engineering**
 - The role of the Regenstrief Center for Healthcare Engineering (RCHE) at Purdue University is to improve the efficiency, quality and accessibility of healthcare by tapping into expertise in engineering, science, management and social sciences. Launched in 2005 with a gift from the Regenstrief Foundation, the center is the only integrated university-wide effort in healthcare engineering in the nation.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for

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Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;

e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

- In April, 2008, the Indiana Rural Health Association was awarded a grant from the Department of Health and Human Services Health Resources and Services Administration (HRSA) that will expand the Indiana Statewide Rural Health Network (InSRHN), a Formal Network Comprised of Rural Health Organizations and Providers in Indiana. The goals and objectives of the program have been designed and adopted by the network members in an attempt to meet the needs of rural health care providers and ultimately meet the health care needs of rural residents in Indiana. The Indiana State Rural Health Network (InSRHN) is a formative rural health network that is designed to improve the financial viability and sustainability of rural health care providers in Indiana. The successful development of the InSRHN will enable Indiana's rural health providers to meet the health care needs of rural residents. All of the strategies of this program are aimed toward this end. This project is centered on the ideology that, by forming the InSRHN, the network members will have the opportunity to: increase communication and connectivity; achieve greater operational efficiency; obtain and utilize appropriate Health Information Technology; develop self-sustaining programs; develop shared services that provide cost savings; provide a forum for education programs that meets the needs of rural health care providers; as well as others as determined through ongoing needs assessment and strategic planning processes.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

- While the Indiana Telehealth Network anticipates full utilization of the network connection for emergencies services agencies, it has not yet determined these for the selected participants. This information will be available as planning continues on this pilot project.

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Appendix A

Don Kelso, MBA, ACHE

Donald E. Kelso, MBA, ACHE, is the Executive Director of the Indiana Rural Health Association (IRHA). Previously, Kelso served as Vice President of Operations at Daviess Community Hospital in Washington, Indiana, since October, 1998. Prior to that, he served as Vice President of Human Resources at Daviess Community Hospital from 1994 to 1998 and Director of Human Resources at Jasper Memorial Hospital from 1991 to 1993.

The Indiana Rural Health Association (IRHA) is a not-for-profit organization representing a diverse statewide membership consisting of individuals and organizations committed to the improvement of health and resources for rural Hoosiers. The IRHA provides a meaningful forum for assessing the strengths and weaknesses of the health and safety of rural communities, provides educational programs that focus on the unique needs of the residents of rural Indiana and the providers who serve them, and educates the public on relevant issues that bring about the necessary policy changes to ensure that all rural Hoosiers have access to quality health care in their own communities.

Becky Sanders, BA

Rebecca Sanders, BA, is the FCC Pilot Program Associate Project Coordinator for the Indiana Rural Health Association (IRHA). Previously, she served as the Manager of Tariffs and Training for the National Exchange Carrier Association (NECA) in their Chicago regional offices from 2006 to 2008. Prior to that, she served NECA as the Associate Manager of Tariffs and Training from 2004 to 2006 and as the Associate Manager – Member Services from 2001 to 2004. From 1996 to 2001, she served in various positions at the NECA headquarters offices in Whippany, New Jersey.

The Indiana Rural Health Association (IRHA) is a not-for-profit organization representing a diverse statewide membership consisting of individuals and organizations committed to the improvement of health and resources for rural Hoosiers. The IRHA provides a meaningful forum for assessing the strengths and weaknesses of the health and safety of rural communities, provides educational programs that focus on the unique needs of the residents of rural Indiana and the providers who serve them, and educates the public on relevant issues that bring about the necessary policy changes to ensure that all rural Hoosiers have access to quality health care in their own communities.