

**North Country Telemedicine Project (NCTP)**  
**July 30, 2008**  
**Quarterly Data Report**

**(NOTE: NCTP responses are shown in blue text throughout, with the exception of the text in the spreadsheets on pages 3 & 4.)**

**1. Project Contact and Coordination Information**

a. Identify the project leader(s) and respective business affiliations.

**Denise Young, Project Coordinator**  
**Executive Director**  
**Fort Drum Regional Health Planning Organization**

**Keith Duerr, Associate Project Coordinator**  
**Regional Telemedicine Program Manager**  
**Fort Drum Regional Health Planning Organization**

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

**Fort Drum Regional Health Planning Organization**  
**Denise Young, Executive Director**  
**120 Washington St., Suite 302**  
**Watertown, New York 13601**  
**Telephone: 315-755-2020**  
**Fax: 315-755-2022**  
**E-mail: dyoung@fdrhpo.org**

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

**Fort Drum Regional Health Planning Organization**

d. Explain how project is being coordinated throughout the state or region.

- **We hold meetings with technical, clinical, and administrative staff at participating entities.**
- **We do site visits to each participating site to assess telecommunications infrastructure status and issues.**
- **We coordinate our activities with representatives of the New York State Department of Health, New York State Office of Mental Health, County Public Health Agencies, and Department Of Defense/Fort Drum Organizations.**
- **We coordinate our activities with representatives of local, county, state, and federal legislative entities.**

**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.

**Detailed address/location information for all health care facilities included in the NCTP network is provided in the spreadsheet presented on Page 3.**

**NOTE: We were unable to determine Secondary RUCA Codes from the USAC-provided link to the RUCA Code contractor web site and associated links. Primary RUCA codes are included in the spreadsheet presented on Page 3.**

- 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.

**Detailed eligibility information for all health care facilities included in the NCTP network is provided in the spreadsheet presented on Page 4.**

**NOTE: The spreadsheets on pages 3 and 4 are embedded Excel objects. To access the data in the spreadsheets, double-click on the spreadsheet.**

North Country Telemedicine Project (NCTP) Participating Sites								
Site	Organization	Address	County	City	Zip Code	RUCA Code	Census Tract Code	Phone
1	Canton-Potsdam Hospital	50 LeRoy St.	St. Lawrence	Potsdam	13676	7	9909.00	315-265-3300
2	Carthage Area Hospital (CAH)	1001 West St.	Jefferson	Carthage	13619	5	0609.00	315-493-1000
3	CAH/Cape Vincent Family Health Center	400 S. Essestysene St.	Jefferson	Cape Vincent	13618	5	0603.00	315-654-2530
4	CAH/Evans Mills Family Health Center	26121 US Highway 11	Jefferson	Evans Mills	13637	4	0606.00	315-629-1304
5	CAH/Carthage Physical Therapy Clinic	32787 US Highway 11	Jefferson	Philadelphia	13673	4	0606.00	315-642-0216
6	Carthage Mental Health Clinic	3 Bridge St.	Jefferson	Carthage	13619	5	0610.00	315-493-3300
7	Carthage Veterans Administration Clinic	3 Bridge St.	Jefferson	Carthage	13619	5	0610.00	315-493-4180
8	Clifton-Fine Hospital	1014 Oswegatchie Trail	St. Lawrence	Star Lake	13690	10	9925.00	315-848-3351
9	Grouse Memorial Hospital	736 Irving Ave.	Onondaga	Syracuse	13210	1	0043.00	315-470-7111
10	E. J. Noble (EN) Health Center	2924 County Route 17	St. Lawrence	De Kalb Junction	13630	10	9918.00	315-347-3830
11	E. J. Noble (EN) Health Center	64 Main St.	Jefferson	Antwerp	13608	5	0607.00	315-659-8993
12	E. J. Noble (EN) Hospital	77 West Barney St.	St. Lawrence	Gouverneur	13642	7	9927.00	315-287-1000
13	Guthrie Ambulatory Clinic	11050 West Belvedere Blvd.	Jefferson	Fort Drum	13602	4	None	315-772-4030
14	Jefferson County Public Health Service	531 Meade St.	Jefferson	Watertown	13601	4	0614.00	315-786-3770
15	Lewis County Community Mental Health Center	7550 S. State St	Lewis	Lowville	13367	7	9503.00	315-376-5450
16	Lewis County General Hospital	7785 N. State St	Lewis	Lowville	13367	7	9503.00	315-376-5200
17	Lewis County Public Health Agency	7785 N. State St	Lewis	Lowville	13367	7	9503.00	315-376-5453
18	St. Elizabeth Hospital/Mohawk Valley Heart Institute	2209 Genesee St.	Oneida	Utica	13501	1	0217.01	315-798-8100
19	North Country Children's Clinic	238 Arsenal St.	Jefferson	Watertown	13601	4	0621.00	315-782-9450
20	River Hospital	4 Fuller St.	Jefferson	Alexandria Bay	13607	10	0601.00	315-482-2511
21	Samaritan Medical Center(SMC)	830 Washington St.	Jefferson	Watertown	13601	4	0619.00	315-785-4000
22	SMC Mental Health Clinic	1575 Washington St.	Jefferson	Watertown	13601	4	0622.00	315-785-5785
23	SMC Clinic/Plaza Family Health Center	1575 Washington St.	Jefferson	Watertown	13601	4	0622.00	315-779-5070
24	SMC Clinic/ Fort Drum Outpatient Mental Health Clinic	165 Coleman Avenue	Jefferson	Watertown	13601	4	0615.00	315-780-8615
25	SMC Clinic/ Family Health Center	909 Strawberry Lane	Jefferson	Clayton	13624	10	0602.00	315-686-2094
26	SMC Urology Clinic	19320 U. S. Highway 11	Jefferson	Watertown	13601	5	0624.00	315-785-4000
27	St. Joseph's Hospital	301 Prospect St.	Onondaga	Syracuse	13203	1	0023.00	315-448-5111
28	St. Lawrence County Public Health Department	80 State Hwy 310	St. Lawrence	Canton	13617	7	9920.00	315-386-2325
29	SUNY Upstate Medical Center	750 E. Adams St.	Onondaga	Syracuse	13210	1	0043.00	315-464-5540

North Country Telemedicine Project (NCTP) Participating Sites - Eligibility Information						
Facility	Organization	Address	City	Zip Code	Public or Non-Public	
1	Canton-Potsdam Hospital	50 Leroy St.	Potsdam	13676	Non-Public	
2	Carthage Area Hospital (CAH)	1001 West St Road	Carthage	13619	Non-Public	
3	CAH/Cape Vincent Family Health Center	400 S. Esselstyne Street	Cape Vincent	13618	Non-Public	
4	CAH/Evans Mills Family Health Center	26121 USRte. 11, Suite 5	Evans Mills	13637	Non-Public	
5	CAH/Carthage Physical Therapy Clinic	32787 USR. 11	Philadelphia	13673	Non-Public	
6	Carthage Mental Health Clinic	3 Bridge St.	Carthage	13619	Non-Public	
7	Carthage Veterans Administration Clinic	3 Bridge St.	Carthage	13619	Public	
8	Clifton-Fine Hospital	1014 Oswegatchie Trail	Star Lake	13690	Non-Public	
9	Grouse Memorial Hospital	736 Irving Ave.	Syracuse	13210	Non-Public	
10	E. J. Noble (EN) Health Center	2924 County Route 17	De Kalb Junction	13630	Non-Public	
11	E. J. Noble (EN) Health Center	Route 11 64 Main St.	Antwerp	13608	Non-Public	
12	E. J. Noble (EN) Hospital	77 W Barney St.	Gouverneur	13642	Non-Public	
13	Guthrie Ambulatory Clinic	11050 Mt Belvedere Blvd	Ft. Drum	13602	Public	

**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;
- 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 competitive bidding process has not been completed.**

**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 proposed network is not yet in place; no sites are connected.**

**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 proposed network is not yet in place; there are no costs to report.**

**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.
- **There are no ineligible NCTP network participants at this time. Any ineligible entity that chooses to connect to the NCTP network will pay 100% of all costs associated with obtaining and NCTP network connection.**
  - **Network connection rates will be established upon award of the telecommunications network contract.**
  - **Eligible participants will pay 15% of the network service delivery costs for each site connection, based on the amount of bandwidth they choose to purchase.**
  - **It is currently estimated that a 10 Mbps network connection will cost approximately \$1,150 per month. Of this amount, a site receiving a 10 Mbps connection would pay 15% of this amount, or \$172.50 per month.**
  - **It is currently estimated that a 100 Mbps network connection will cost approximately \$2,175 per month. Of this amount, a site receiving a 100 Mbps connection would pay 15% of this amount, or \$326.25 per month.**
- b. Describe the source of funds from:
- i. Eligible Pilot Program network participants
- **NCTP network participants will pay 15% of network service delivery costs.**
- ii. Ineligible Pilot Program network participants
- **There are no ineligible NCTP network participants at this time. Any ineligible entity that chooses to connect to the NCTP network will pay 100% of all costs associated with obtaining and NCTP network connection.**
- 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.
- **FDRHPO will utilize a Federal Appropriation for the 15% match in construction costs.**
- ii. Identify the respective amounts and remaining time for such assistance.
- **Not Applicable.**
- 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.
- **The willingness of network participants to pay their minimum 15% contribution of network service delivery costs demonstrates their commitment to identified goals and objectives and the overarching goals of the Pilot Program.**

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

- **There are no ineligible NCTP network participants at this time.**

**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;
- **Denise Young, Executive Director of the FDRHPO, is the Project Coordinator (PC) for the NCTP. The FDRHPO will oversee the NCTP through a full-time Telemedicine Coordinator. Keith Duerr has been appointed as the NCTP Regional Telemedicine Program Manager for the FDRHPO and will serve as the Associate Project Coordinator (APC)/Telemedicine Coordinator.**
- **In addition to the Telemedicine Coordinator, the project team will be supported by clinical, technical, and management/administrative committees representing the participating North Country hospitals, urban hospitals, and rural clinics. Once a network vendor is selected, representatives from the vendor and other project support organizations (e.g., NYSErNet, payer representatives, etc.) may be included in various committee activities.**

**Each of these committees will discuss and advise the network and telemedicine activities that pertain to their area of expertise.**

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule.

- The following table includes the significant milestones that will occur during the grant period. These projected milestones start on the date of award of the telecommunications network contract and will be managed by the FDRHPO.

<b>Activity</b>	<b>Timeframe</b>
<b>Network construction</b>	<b>Months 1 - 4</b>
<b>Meeting with the tertiary site providers to educate on telemedicine and refine business associate agreements</b>	<b>Months 2 - 4</b>
<b>Identification of site representatives—for clinical services and IT issues</b>	<b>Months 2 - 4</b>
<b>Roll out of the committees representing the North Country facilities, the tertiary facilities, and Selected Telecommunications Vendor</b>	<b>Months 4 - 5</b>
<b>Telemedicine equipment vendor selection and purchase of telemedicine equipment</b>	<b>Months 4 - 7</b>
<b>Protocol development for consult rule-in/rule out, consultation imitation and follow-up process, information exchange and security, etc.</b>	<b>Months 4 - 9</b>
<b>Initial engagement of commercial payers for demonstration and possible reimbursement</b>	<b>Months 5 -11</b>
<b>Testing the network</b>	<b>Months 7 - 10</b>
<b>Training and piloting network access, and use of the equipment</b>	<b>Months 8 - 10</b>
<b>Roll out of initial clinical specialties: cardiology, gastroenterology, oncology, pulmonology and outpatient behavioral health (one per month)</b>	<b>Months 10 - 16</b>
<b>Evaluation</b>	<b>Months 16 - 24</b>

The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates.

- **Key project deliverables and tasks and their anticipated completion dates will be specifically identified once a network vendor has been selected.**
- **Participating sites planning to receive 10 Mbps connections include:**
  - Carthage Clinic/Cape Vincent Family Health Center
  - Carthage Clinic/Evans Mills Family Health Center
  - Carthage Physical Therapy Clinic/Philadelphia
  - Carthage Mental Health Clinic
  - Carthage Veterans Administration Clinic
  - E. J. Noble Health Center/De Kalb Junction
  - E. J. Noble Health Center/Antwerp Health Center
  - Jefferson County Public Health Service/Watertown
  - Lewis County Community Mental Health Center/Lowville
  - North Country Children's Clinic/Watertown
  - Samaritan Medical Center Mental Health Clinic/Watertown
  - Samaritan Medical Center Clinic/Plaza Family Health Center
  - Samaritan Medical Center Clinic/Fort Drum Outpatient Mental Health Clinic/Watertown
  - Samaritan Medical Center Clinic/Family Health Center/Clayton
  - Samaritan Medical Center Urology Clinic/Watertown
  - St. Lawrence County Public Health Department/Canton
- **Participating sites planning to receive 100 Mbps connections include:**
  - Canton-Potsdam Hospital/Potsdam
  - Carthage Area Hospital/Carthage
  - Clifton-Fine Hospital/Star Lake
  - Crouse Memorial Hospital/Syracuse
  - E.J. Noble Hospital/Gouverneur
  - Fort Drum Guthrie Ambulatory Clinic
  - Lewis County General Hospital/Lowville
  - St. Elizabeth Hospital/Mohawk Valley Heart Institute/Utica
  - River Hospital/Alexandria Bay
  - Samaritan Medical Center/Watertown
  - St. Joseph's Hospital/Syracuse
  - SUNY Upstate Medical Center/Syracuse
- **Specific proposed dates for connecting each participating site cannot be determined until a network vendor has been selected. All participating sites are expected to be connected by September 2009.**

Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational.

- **The dates on which network participant sites are expected to be connected to the network will be identified once a network vendor has been selected. All participating sites are expected to be connected to the NCTP network by September 2009.**

Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met.

- **Not applicable.**

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.

- **Not applicable.**

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

- **Once network construction is complete and related infrastructure is in place, it will be much more feasible for participating entities to continue service over the network.**
- **FDRHPO plans on continuing our efforts to seek alternative funding sources toward the goal of making our project self-sustaining.**
- **FDRHPO will be actively seeking implementation of cost-saving telemedicine initiatives to assist participating entities to offset ongoing network service delivery costs.**
- **Some of our rural clinics are unlikely to have the financial resources to enable their participation in the network to become completely self-sustaining.**

**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;
  - **While the NCTP network is not yet deployed, the ongoing collaborative efforts between FDRHPO and participating entities are increasing awareness of the benefits of telemedicine and also identifying potential telemedicine application business opportunities.**
- 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.

**The proposed network is not yet in place; nothing to report.**

**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 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.

**The proposed network is not yet in place; nothing to report.**

**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.**

**The proposed network is not yet in place; nothing to report.**