



NEO RHIO

Northeast Ohio Regional Health Information Organization



**OneCommunity
Northeast Ohio Regional Health Information
Organization**

**Federal Communications Commission
Rural Health Care Pilot Program**

Quarterly Data Report

HealthNet

April 30, 2009

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1.0 Project Contact and Coordination Information

1.1 Project Leader

Mr. Mark T. Ansbury

Sr. Vice President and Chief Technology Officer

OneCommunity

216-923-2200

mark.ansbury@onecommunity.org

<http://www.onecommunity.org>

800 West St. Clair

Second Floor

Cleveland, Ohio 44113

1.2 Project Coordinator

Mr. David J. Corrado

Director – Program Management Office

OneCommunity

216-923-2298

dcorrado@onecommunity.org

<http://www.onecommunity.org>

800 West St. Clair

Second Floor

Cleveland, Ohio 44113

Fax 216-923-2299

1.3 Legal and Financial Agent

OneCommunity is the organization that is legally and financially responsible for the conduct of activities supported by the award and is listed on the Internet at www.onecommunity.org.

OneCommunity is a nonprofit organization that serves Northeast Ohio by connecting public and nonprofit institutions to a next-generation fiber-optic network; enabling those institutions to offer enhanced, innovative solutions and transforming the region's image and economic future by attracting outside investment and creating business and job opportunities.

OneCommunity currently serves educational, governmental, research, arts and cultural, nonprofit and health care organizations across Northeast Ohio. OneCommunity currently provides network connections that provide access to these regional assets. The OneCommunity network is supported 24/7.

1.4 Community Support Collaboration

The OneCommunity and the Northeast Ohio Regional Health Information Organization (NEO RHIO) is providing community support and open HealthNet workshops for the regions healthcare community and will be hosting additional Telemedicine activities promoting collaboration. OneCommunity and NEO RHIO are both non-profit corporations serving Northeast Ohio. They are inclusive, multi-stakeholder collaborations dedicated to improving the quality, safety and efficiency of healthcare in Northeast Ohio through the use of information technology and the secure exchange of health information and incorporation of Telemedicine in our regional rural and urban healthcare systems.

Throughout this project, healthcare stakeholders, directly and indirectly affiliated with this project, receive a quarterly update on project status and programs that have influence on this project. A representative sample of the most recent healthcare status can be found in Appendix A.

1.5 State and Regional Project Coordination

OneCommunity, NEO RHIO, local, county and state government along with other key medical and technology partners have coordinated this project under the name of **HealthNet**. With OneCommunity and the NEO RHIO as the central drivers, a collaborative outreach program has been designed and implemented and initial workshops have been heralded throughout Northeast Ohio. The outreach program identified key components of the project and presented a detailed overview. Some organizations received one to one presentations. A communications desk has been set up to answer any ongoing questions along with an internal SharePoint site for communication, document repository and document revision control.

There are some recent updates to our quarterly report as described in the Key Objectives Met section.

1.5.1 Outreach Communication Objectives

- Federal Communications Commission - Vision
- Rural Health Care Pilot - Goals
- What Does It Mean For Northeast Ohio?
- HealthNet Overview
- HealthNet Services
- HealthNet Benefits
- Communication with local, regional and state government
- Communication of government stimulus package and benefits for FCC Healthcare project
- Quarterly stakeholders status update

1.5.2 Key Objectives Met

- Project moved into contractor awareness phase
 - RFP kick-off meeting (80 organizations)
 - Developed a specific website for vendor communication, posting of FAQ's and schedule time-tables
 - Responded to over 200 questions
- Received 36 proposals from cable vendors, equipment providers, solution providers and service providers
- In-process of RFP responses with vendor contracts signed by the end of May, 2009
- Developed RFP review templates for standardizing responses for comparison purposes and to act as an audit trail during the “due diligence” phase of this project
- Enhanced sustainability model

2.0 Healthcare Facilities Included in this Network

As the Letters of Agency signature process evolved there were several modifications made to the hospital data in Table 2.1. This was principally in the area of contact names, contact information and the removal of a few hospitals that will participate in a 2nd RFP. There were no material changes to the hospital data or impact on the project.

All the hospital organizations that are part of the current HealthNet project are non-profit. There are multiple urban hospitals interested in participating in the HealthNet project. These urban centers are all non-profit. To the best of our knowledge and investigation, all rural organizations should be eligible under section 254 of the 1996 Act and the Commission's rules. The following table gives detail information on the hospitals Counties, addresses, zip code, Rural Urban Commuting Area (R UCA) code, contact information and phone number for each healthcare facility participating in the network. Contact persons may change at any time. We are currently engaged in discussions with other rural non-profit institutions that will participate in leveraging HealthNet. OneCommunity currently has over 72 hospitals, clinic and healthcare service organizations using HealthNet. With the expansion through the FCC RHCP Project, HealthNet will be expanding services to 16 rural Hospitals authorized under the agreement but will also be able to include additional rural health care institutions covering their own costs to connect.

All healthcare facilities in table 2.1 are public, non-profit, eligible entity under section 254 of the 1996 Act.

Table 2.1 - HealthNet Rural Hospitals – LOA Completed

System	Census Track Code	County	Facility Name & Address	RUCA C O D E	HPSA	Contact Names	Phone
	9705.00	Ashland	Samaritan Regional Health System 1025 Center Street Ashland, OH 44805	4		Danny Boggs, CEO	419-289-0491
CCHS	0006.01	Ashtabula	Ashtabula County Medical Center 2420 Lake Ave Ashtabula, OH 44004 Glenbeigh of Rock Creek 2420 Lake Ave Ashtabula, OH 44004	2 2	HPSA HPSA	Kevin Miller, CEO Kevin Miller, CEO &	440-997-6520 440-997-6520
	0011.00	Ashtabula	Jefferson Health Center 222 East Beech St. Jefferson, Ohio 44047	3		Kevin Miller, CEO &	440-997-6520
UHHS	0001.03 0009.00	Ashtabula	Conneaut Medical Center 158 West Main Road Conneaut, OH 44030 Geneva Medical Center 870 West Main Street Geneva, OH 44041	2 4.2	HPSA HPSA	Rich Frenchie, Rich Frenchie, CEO	440-593-1131 440-593-1131
CHN & CC5	0411.00	Erie	Firelands Regional Medical Center 1101 Decatur St. Sandusky, Ohio 44870	1		Chuck Stark, CEO Dan Moncher, CFO	419-557-7400 419- 557-7793
CHN & CC5	9956.00	Huron	Fisher Titus Medical Center 272 Benedict Ave., Norwalk, OH 44857			Pat Martin, CEO Wendy Melching,	419-668-8101 419- 663-1975
CC5	0505.00	Ottawa	H.B. Magruder Memorial Hospital 615 Fulton Street, Port Clinton, OH 43452	4	45780	Dave Norwyne,	419- 557-7793
CC5	9622.00	Sandusky MUA	Bellevue 811 NW St. Bellevue, Ohio 44811 Memorial (Fremont) 715 S. Taft Ave Fremont, OH 43420	7.3 4.2	HPSA HPSA	Mike Winthrop, Alan Ganci, CFO Al Gorman, CEO Rick Ruppel, CFO	419-557-7400 419- 557-7793 419-668-8101 419- 663-1975
	0216.00 0211.00	Tuscarawas MUA	Twin City 819 N. First Street Dennison, OH 44621 Union Hospital 659 Boulevard Dover, OH 44622	4 4	HPSA HPSA	Marge Jentes, CEO Bill Harding, CEO	740-922-2800 330-343-3311
	0003.00		Wooster Community 1761 Beall Ave. Wooster, Ohio 44691	4		Bill Sheron, CEO	330-263-8100
	9917.00	Coshocton	Coshocton County Memorial Hospital 1460 Orange Street Coshocton, OH 43812	4		Seth Peterson	740-623-4128
	9521.00	Columbiana	East Liverpool City Hospital 425 West 5 th Street East Liverpool, Ohio 43920	4		Frank Mader – Director of IT Services	330-386-3186

Table 2.2 - Pending LOA Hospitals

System	Census Track Code	County	Facility Name & Address	RUCA CODE	HPSA	Contact Names	Phone
Mercy Health Partners	9963.00	Huron	Mercy Hospital – Willard 10 East Howard St. Willard, Ohio 44890	4.2		Joe Glass	419- 251-8982
	9767.00	Holmes MUA	Joel Pomerene Memorial Hospital 981 Wooster Road Millersburg, Ohio 44654	10.5	HPSA	Tony Snyder, CEO	419-557-7400
	0001.00	Seneca	Fostoria Community 501 Van Buren St. Fostoria, Oh 44830	4	HPSA	Tim Jakacki, CEO	419-435-7734
	0007.00		Mercy Hospital – Tiffin 2355 Tiffin Avenue Findlay, OH 45840	4	HPSA	Joe Glass	419-251-8982
	0011.00	Wayne	Dunlap Memorial 832 South Main Street Orrville, OH 44667	7.4		Rod Steiger, CEO	330-682-3010

3.0 Network Narrative

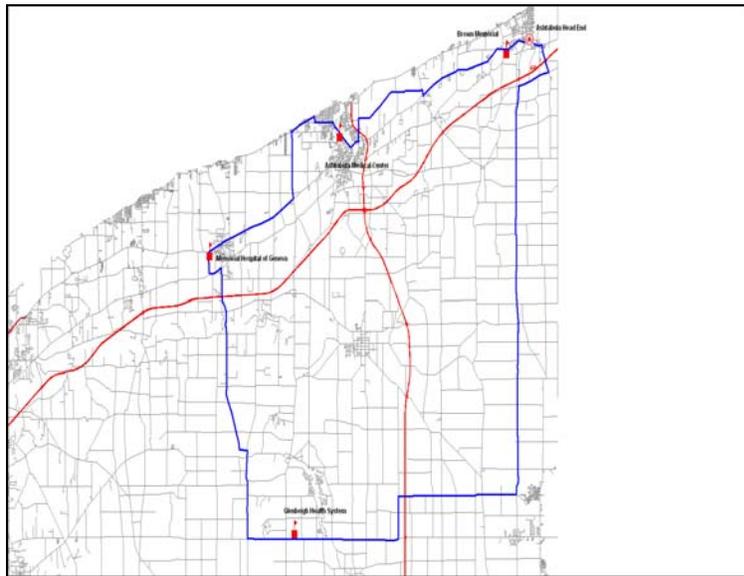
OneCommunity has designed a DWDM based infrastructure that uses MPLS network transport services. Healthcare sites will connect via a dual-path entrance fiber system that can provide backbone services at 1 Gbps speeds. Other laterals requiring a wireless connection will connect at 100 Mbps. The HealthNet network connects into Internet2 national backbone through a BGP peering gateway on the OneCommunity fiber backbone.

Estimated fiber construction, network region, is as follows (zone maps provided on following pages):

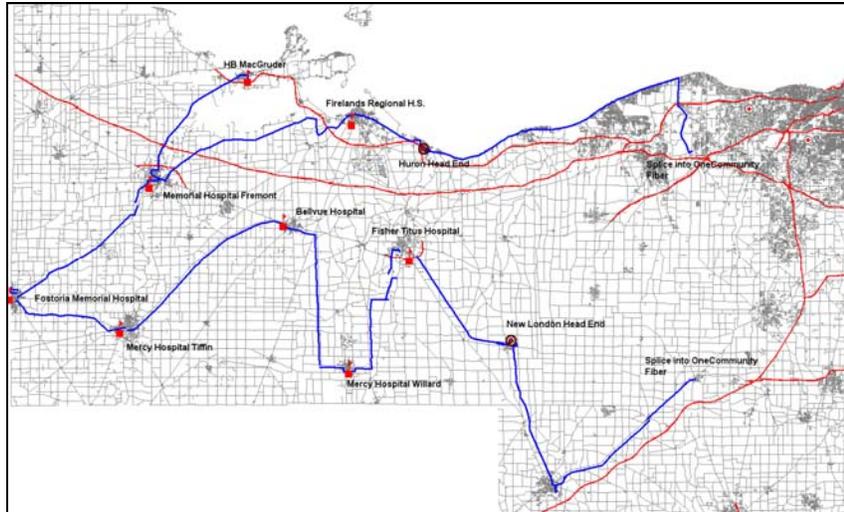
<u>Eastern Zone</u>	<u>Western Zone</u>	<u>Southern Zone</u>
<u>346,000 ft. (U)</u>	<u>92,000 ft. (U)</u>	<u>601,920 ft. (U)</u>
<u>188,000 (A)</u>	<u>40,000 ft. (A)</u>	<u>401,280 ft. (A)</u>

U – Underground
A – Aerial

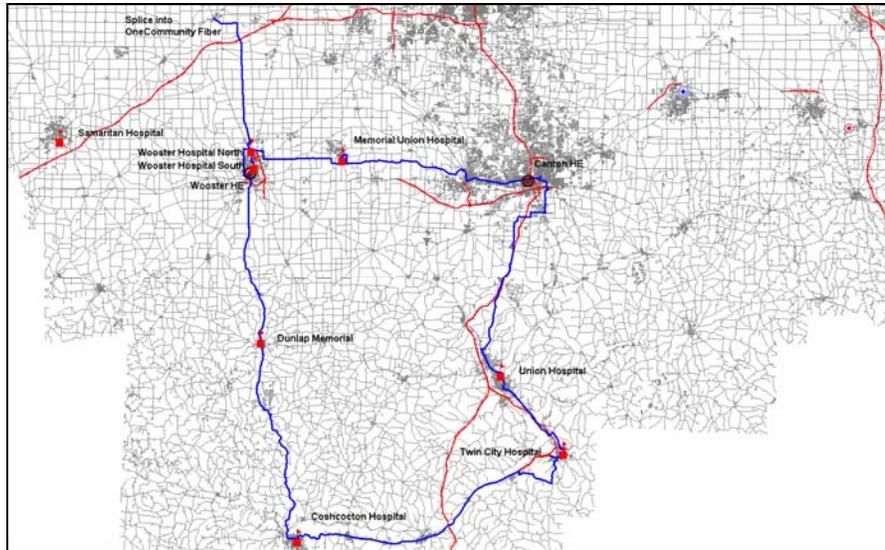
Zone Maps



Eastern Zone



Western Zone



Southern Zone

OneCommunity has completed the Request for Proposal bidders' conference and has begun reviewing submitted responses. We are anticipating vendor selection and signed contracts to occur within 2Q2009. Listed below is the posted schedule for remaining vendor selection:

RFP Event	Date
Proposal Review Begins	April 20, 2009
Respondent Selection, and Contract Terms Finalized	May 11, 2009
Contracts signed	May, 2009

Responses are evaluated against a weighted average of seven sections:

1. Contracting options and price
2. Understanding the project approach
3. Ability to integrate with current OneCommunity HealthNet network
4. Technical and service specifications
5. Experience, financial viability and references
6. Representation and warranties
7. Documentation

Table 3.1 – RFP Evaluation Template

(1) Contracting Options and Price
Fiber Material Cost
Fiber Equipment Cost
Fiber Installation Cost
Underground
Aerial
Make ready costs for aerial
Fiber maintenance cost (per year)
Are a comprehensive list of permits included? (YES/NO)
Are a comprehensive list of pole owners included? (YES/NO)
Fiber Sub-Total Costs
Equipment Cost
Category 1 – Physical Hardware including racks, power systems, and hardware (co-location gateways)
Regional gateway (co-location)
Customer premise buildouts
Category 2 – DWDM equipment to interface with the present OneCommunity backbone as well as end nodes
DWDM backbone costs
DWDM customer premise costs
Category 3 – Ethernet backbone and customer demarcation equipment
Ethernet backbone equipment
Ethernet customer demarc equipment
Equipment Sub-Total Costs
Were data sheets provided? (YES/NO)
Was a system improvement roadmap included for 2008-2010? (YES/NO)
Network Installation Cost
Network Equipment Maintenance Cost (per year) - 72 hr response time
Network Engineering, Installation and Testing Costs
Project Management Costs
IRUs
(2) Understanding the Project and Approach
Practicality
Open Access Platforms
(3) Ability to Integrate with Current OneCommunity Healthnet Network
(4) Technical and Service Specifications
(5) Experience, Financial Viability and References
5-years Experience (YES/NO)
3 References of Similar Projects
- Within Past five years, giving date of contract, describing the scope of work, size of project, equipment, fiber and name of company's contact and phone number (YES/O)
(6) Representation and Warranties
Equipment Warranties
Qualifications of Key Personnel
(7) Documentation

Table 3.1 on the previous page details the specific features that are being evaluated in each section. Pricing is segmented into aerial and underground costs to understand the impact on our sustainability model, which is discussed in detail later in this document. In an effort to obtain the best pricing and performance for the overall financial model, we are evaluating equipment costs as a function of infrastructure equipment, gateways, customer premise equipment and fiber equipment. The total representation of these hardware entities can be distributed across more than one vendor based on core competencies and buying power.

Cost is only one portion of the overall response evaluation, carrying a project weighting of 20%. Understanding the project specifics and approach to construction, maintenance and network growth has a combined project weighting of 40%. The initial construction of this network forms the foundation to establish an initial set of collaborated healthcare institutions. It is the future set of network clients and the growth rate of adding clients that is the more important focus. Therefore, it is imperative for the chosen vendor(s) to comprehend the project direction and project specifics in support of future growth.

Strict adherence to RFP specifications and guidelines in the provisioning of equipment and network materials is weighted at 20% due to the importance of interoperability with the existing infrastructure. Capacity planning is based on the capabilities and feature sets of certain equipment types; therefore, the proposition of a different vendor product from the pre-existing architecture must adhere to strict design guidelines.

The final three evaluation sections are utilized to determine if the bidding firm is an ongoing concern and its capabilities in similar past projects. Low cost does not necessarily imply that a bidder has the ability to successfully implement at the specified design levels. These three sections have an aggregate weighting of 20%.

Specific objectives of the HealthNet include:

- connecting nineteen (16) rural hospitals located in the Northeast Ohio rural health region over a dedicated broadband network;
- extending the OneCommunity/NEO RHIO broadband services to rural providers;
- providing the connecting framework for a regional repository that employs secure telehealth applications for chronic disease monitoring and continuing education services; and
- Implementing sustainable enterprise solutions using Health Information Technology for eligible providers in rural and underserved counties. This network is expected to improve the quality and reduce the cost of health care.

4.0 List of Connected Healthcare Providers

Additional information will be available within this section as we move forward into infrastructure build and connecting each of the 16 healthcare entities into the broadband network. None of the 16 healthcare locations are connected at this time as OneCommunity is engaged, during this reporting period, in evaluating RFP responses.

5.0 Budgeted vs. Actual Costs – Recurring and Non-recurring

Additional information will be available within this section as we move forward into infrastructure build and connecting each of the 16 healthcare entities into the broadband network. None of the 16 healthcare locations are connected at this time as OneCommunity is engaged, during this reporting period, in evaluating RFP responses.

6.0 Cost Distribution and Funding Sources

Additional information will be available within this section as we move forward into infrastructure build and connecting each of the 16 healthcare entities into the broadband network. None of the 16 healthcare locations are connected at this time as OneCommunity is engaged, during this reporting period, in evaluating RFP responses.

7.0 Connection Requirements for Ineligible Entities

Additional information will be available within this section as we move forward into infrastructure build and connecting each of the 16 healthcare entities into the broadband network. None of the 16 healthcare locations are connected at this time as OneCommunity is engaged, during this reporting period, in evaluating RFP responses.

As we finalize our financial model, a requirements and process methods approach will be created for those entities that have been identified as participating in the revenue stream but do not meet eligibility requirements for the pilot.

8.0 Project Management

Once a vendor(s) has been chosen, OneCommunity's project team will conduct detailed planning sessions to create a highly specific and detailed project plan that addresses planning, design, implementation and operation.

A base model plan is shown in Appendix B that will be incorporated into the detailed project plan after vendor selection.

9.0 Network Sustainability Model

OneCommunity has developed a sustainability model based on economic development. The networking total cost of ownership is influenced by infrastructure costs, which reduce the bottom line and forms a barrier to organizations operating where the high network costs exist. Through OneCommunity's economic development model, total cost of ownership is reduced to individual entities through revenue sharing, cost aggregation and subsidized government funds.

With each new broadband opportunity, an analysis is constructed identifying those institutions who have an immediate need, interim need and future need for advanced services provided by broadband networks. Sales account managers conduct field interviews, questionnaires are sent and town meetings are executed to understand the customer requirements which will drive the revenue stream. Appendix C shows a data gathering template used for understanding customer requirements.

Sustainability activities begin at the onset of project development and evaluation in order to understand potential cash inflows and a calculated estimate of customers available for service revenue.

When constructing a sustainability model, OneCommunity considers the following factors:

- Financing for Capital through Revenue Bonds
- Commercial Loans for Operation
- Payback terms based on positive cash flow and maintaining a Net Cash Reserve
- Revenue projections are based on current community statistics, market survey, and providing network services
- Wholesale revenue is based on service commitment (Aggregated by OneCommunity)
- Capital Leasing of fiber is based on providing Ring, Access and Point-To-Point Services

Resource allocation is determined by a relative ratio approach. OneCommunity calculates the cost of operations as a percentage of revenue. As the OneCommunity network expands, generating additional revenues, a proportionate amount of expense is appropriated as operational expense.

The minimum 15% funding for this network can be financed through commercial loans, grants or stimulus funds. Once a bidder has been chosen, the method of 15% funding will be finalized and calculated into the sustainability model. It has been assumed that no revenue will be earned within the first three years. Therefore, the capacity for a viable network begins in year 4 and continues through year 15, which is the sustainability period.

Commitments are based on 5-year contracts with build-out costs and recurring costs absorbed by future healthcare providers.

When a contractor(s) has been selected and construction costs finalized, a detailed costing model will be provided.

10.0 Detail on How the Supported Network Has Advanced Telemedicine Benefits

The goal of HealthNet is to extend the current network and install additional gigabyte optical fiber connections to hospitals in the rural areas of Northeastern Ohio. In order to provide the levels of broadband that are required for Health Information Exchange (HIE) and telemedicine applications, the kinds of services that are routinely available in rural areas are not sufficient. Typically, rural areas may have access to T1 circuits (1.5 Mbps), but generally these services are extremely expensive and there are typically no services faster than T1 available at an affordable and sustainable price.

In order to satisfactorily transmit and receive medical imaging, and to improve the quality of medical care that can be provided, speeds in a different order of magnitude are required. HealthNet will provide 100 Mbps of bandwidth, upstream and downstream, to all locations connected via wireless, and will provide 1 gigabit of bandwidth, upstream and downstream, to all locations connected via fiber. In our proposed network design, over 80% of the locations included in our proposal will have the benefit of at least 1 gigabit.

Transport capability provides for advanced services that augment the distribution and aggregation of medical records. Services such as voice over IP and full duplex video provide a positive impact to the sustainability model and reduces operational costs for healthcare customers.

Shared services across a common high-speed network infrastructure can eliminate redundant operational costs. In addition, shared services builds on standardization which reduces cost through increased efficiency.

11.0 Compliance with HHS Health IT Initiatives

The OneCommunity Healthcare network has been designed with consideration to three major objectives:

1. Low cost, high bandwidth offerings
2. Extendibility and reach to rural areas
3. Advanced services for pilot and follow-on customers

All three objectives are compliant with the HHS Health IT initiatives to grow broadband technology to the un-served and under-served health areas.

Additional information will be available within this section as we move forward into infrastructure build and connecting each of the 16 healthcare entities into the broadband network. None of the 16 healthcare locations are connected at this time as OneCommunity is engaged, during this reporting period, in evaluating RFP responses.

12.0 Network Coordination with the Department of Health and Human Services (HHS)

Additional information will be available within this section as we move forward into infrastructure build and connecting each of the 16 healthcare entities into the broadband network. None of the 16 healthcare locations are connected at this time as OneCommunity is engaged, during this reporting period, in evaluating RFP responses.

Appendix A – HealthNet Update

HealthNet Update

April 2009



Proposal review underway for Rural Health Care Pilot Project

We're very pleased with the overwhelming response to our RFP for the Rural Health Care Pilot Project. Here's a look at what's been happening with the project:

- We hosted a bidder conference in March that attracted attendees from more than 80 organizations.
- We have responded to more than 200 questions generated by high levels of interest from vendors and posted our responses on our website (www.onecommunity.org).
- To accommodate the volume of requests, we adjusted the project schedule. The new timeline is as follows:

RFP Event	Original Date	Updated Date
Proposal Review Begins	April 13, 2009	April 20, 2009
Respondent Selection, and Contract Terms Finalized	April 30, 2009	May 11, 2009
Contracts signed	May 2009	No change

In total we received 36 proposals and have begun an extensive review process. In addition to bids to complete the entire project, proposals also came in for parts of the project from a variety of vendors, including construction companies, engineering firms, network equipment businesses, and fiber and fiber equipment suppliers. We are right on schedule to award contracts by May 11, with the project targeted for kickoff in June. We're confident that the great selection of vendors we have to choose from will translate into a top-quality project for all involved, especially the connected hospitals.

These 16 hospitals have signed Letters of Agency and will be connected in Phase I:

- Ashtabula County Medical Center
- Bellevue Hospital
- Conneaut Medical Center
- Coshocton County Memorial Hospital
- East Liverpool City Hospital
- Fisher Titus Medical Center
- Firelands Regional Medical Center
- Fremont Memorial Hospital
- Geneva Medical Center
- Glenbeigh
- Jefferson Healthcare Center
- H.B. Magruder Memorial Hospital
- Samaritan Regional Health System
- Twin City Hospital
- Union Hospital
- Wooster Community Hospital

For hospitals that are interested in connecting but have not signed an LOA, send an email to sales@onecommunity.org.

More broadband opportunities could be coming to communities

With more than \$4.7 billion in grants available to expand broadband services to unserved and underserved areas through the [Broadband Technology Opportunities Program](#), OneCommunity is working with partners across Ohio and the nation to structure successful projects and strategies, including a master proposal aimed at Northern Ohio. The **Big Broadband for Northern Ohio** project will add 1,300 miles of broadband fiber to the OneCommunity network, and feature both direct fiber connectivity and high-bandwidth, fixed WiMAX wireless services covering 19,302 square miles across 30 counties.

Building on OneCommunity's existing network and the Rural Health Care Pilot Project build, this network expansion will bring ultra-high-speed broadband access (e.g., 1Gb/s or better) to more than 2,000 schools and universities, hundreds of hospitals and clinics, and more than 1,000 cities, towns and villages. In addition, our community partners will provide services to more than 1.8 million households and 5 million people, with expanded low-cost, high-capacity broadband services to thousands of small businesses and millions of underserved residents. This connectivity will offer communities significant opportunities for new programs and services that benefit citizens and increase efficiencies.

The Big Broadband for Northern Ohio Project is being architected for "open access" while maintaining integrity and capacity for secure, segregated network traffic and delivering sufficient levels of bandwidth to help ensure local and regional competitiveness for Ohioans.

Watch for more details about this project in the coming weeks at www.onecommunity.org.

For more information about HealthNet or the RHCPP, send an email to healthnet@onecommunity.org.

HealthNet is a collaborative platform for the expansion of secure broadband fiber and wireless services to Northeast Ohio's health communities for the purpose of promoting health information exchange (HIE) and telemedicine services between our rural, underserved and urban communities. The Northeast Ohio Regional Health Information Organization (NEO RHIO), OneCommunity and other key medical and technology partners have developed interconnection, disaster recovery, shared infrastructure and applications support programs.

OneCommunity currently connects more than 50 hospitals and clinics via broadband fiber, and as part of the FCC's Rural Health Care Pilot Program (RHCPP), HealthNet will expand connectivity to dozens more rural hospitals and health care facilities.



OneCommunity Network

Connecting Health Care Providers

Ashland • Ashtabula • Carroll • Columbiana • Coshocton • Cuyahoga • Erie • Geauga • Holmes • Huron • Lake • Lorain • Mahoning • Medina • Portage • Sandusky • Seneca • Stark • Summit • Trumbull • Tuscarawas • Wayne

Appendix B – Project Plan

ID	Task Name	% Complete	Start	2008				2009				2010				2011			
				Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	
1	FCC Healthcare	8%	7/1/08																
2	Documentation	46%	7/1/08																
3	Year 1 (7/1/07 - 6/30/08)	100%	9/12/08																
4	465 Attachment	100%	9/12/08																
5	465 Posting Letter	100%	9/15/08																
6	Year 2 (7/1/08 - 6/30/09)	89%	2/20/09																
7	465 Attachment	100%	2/20/09																
8	465 Posting Letter	100%	2/25/09																
9	Outside Interest Disclosure	100%	2/20/09																
10	Healthcare LOA's	100%	2/24/09																
11	Healthnet Update	100%	2/24/09																
12	Healthnet Update	100%	4/28/09																
13	Sustainability Plan	100%	2/20/09																
14	Updated Sustainability Plan	100%	4/30/09																
15	466-A Package	0%	5/29/09																
16	Year 3 (7/1/09 - 6/30/10)	0%	1/9/09																
17	Receive funding commitment letter	0%	7/1/09																
18	467 Form	0%	1/9/09																
19	465 Attachment	0%	7/1/09																
20	465 Posting Letter	0%	7/1/09																
21	Healthnet Update	0%	7/1/09																
22	Healthnet Update	0%	10/1/09																
23	Healthnet Update	0%	1/1/10																
24	Healthnet Update	0%	5/3/10																
25	Quarterly Reports	33%	7/1/08																
26	2Q2008	100%	7/30/08																
27	3Q2008	100%	10/30/08																
28	4Q2008	100%	1/30/09																
29	1Q2009	0%	4/30/09																
30	2Q2009	0%	7/1/08																

ID	Task Name	% Complete	Start	2008				2009				2010				2011			
				Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4	
31	3Q2009	0%	7/1/08																
32	4Q2009	0%	7/1/08																
33	1Q2010	0%	7/1/08																
34	2Q2010	0%	7/1/08																
35	Business Propositions	100%	2/24/09																
36	Signed Letter of Authorization	100%	2/24/09																
37	Develop Business Case	100%	2/25/09																
38	Develop Business Plan	100%	2/27/09																
39	Develop Potential Customer Base	100%	3/3/09																
40	Validate Customer Needs/Value Proposition	100%	3/5/09																
41	Costing	100%	3/9/09																
42	Preliminary costing	100%	3/9/09																
43	Determine final set of locations needed for network sust	100%	3/16/09																
44	Construct summary table of collected data	100%	3/17/09																
45	Feature comparison	100%	3/17/09																
46	"Big-picture" pricing (industry, category)	100%	3/18/09																
47	Contract Management	100%	3/19/09																
48	Provide back-office operational contract	100%	3/19/09																
49	Provide construction contract	100%	3/20/09																
50	Construction services contract (marketing, manager	100%	3/23/09																
51	Operations	100%	3/24/09																
52	Determine operations model and costs	100%	3/24/09																
53	Identify costs	100%	3/25/09																
54	Capacity planning	100%	3/26/09																
55	Resource planning	100%	3/27/09																
56	Final costing and pricing package	100%	3/30/09																
57	Contracting Phase	1%	4/3/09																
58	Establish deliverables	100%	4/3/09																
59	Conduct request for proposals	100%	4/8/09																
60	Evaluate Proposals	75%	4/20/09																

Appendix C – Data Acquisition Template

FCC Healthcare Fiber Network Existing WAN Infrastructure Data Gathering				
Location Specifics				
Name of institution:	<input style="width: 95%;" type="text"/>			
Contact:	<input style="width: 95%;" type="text"/>			
Address:	<input style="width: 95%;" type="text"/>			
Phone:	<input style="width: 40%;" type="text"/>	<input style="width: 55%;" type="text"/>		
Cell phone:	<input style="width: 95%;" type="text"/>			
Date of Site Visit:	<input style="width: 95%;" type="text"/>			
Institutional representative who provided information:	<input style="width: 95%;" type="text"/>			
Network Information				
1) Is current WAN documentation available?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If yes, can OneCommunity view the documentation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2) Is a list of networked locations available for viewing?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Directly connected to current network	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Indirectly connected to current network	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3) What is the primary type of traffic on your network?	<input type="checkbox"/>	Voice	<input type="checkbox"/>	Large files
	<input type="checkbox"/>	Video	<input type="checkbox"/>	
	<input type="checkbox"/>	Data	----->	<input type="checkbox"/>
4) Do you use hosted services?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, are the services hosted across the Internet?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
5) Is virtual private networking (VPN) utilized by end users?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
6) Do you use Voice over IP (VoIP)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If NO, are you interested in migrating to VoIP services?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
7) Are any of your network services outsourced?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If YES, please describe.	<input style="width: 95%; height: 100%;" type="text"/>			
8) Are you interested in outsourcing or managed services?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
9) What is your annual spending for Internet connectivity?	<input style="width: 95%;" type="text"/> dollars/year			

**FCC Healthcare Fiber Network
Existing WAN Infrastructure Data Gathering**

10) What is your annual spending for private data circuits?	<input type="text"/>	dollars/year
11) What is your annual spending for voice circuits?	<input type="text"/>	dollars/year
12) Do you know contract start and end dates for network services?	<input type="text"/> YES	<input type="text"/> NO
13) What is your greatest network challenge?	<input type="text"/> Budget	<input type="text"/> Bandwidth
	<input type="text"/> IT staff	<input type="text"/> Application backlog
	<input type="text"/> Lack of local service	<input type="text"/> Desktop tools
	<input type="text"/> Don't know	<input type="text"/> Other
14) Are the challenges in #13 preventing you from meeting business objectives?	<input type="text"/> YES	<input type="text"/> NO
15) Does your network business recovery plan include circuit redundancy?	<input type="text"/> YES	<input type="text"/> NO
16) How important is network redundancy to your tactical plan?	<input type="text"/> Very important	
	<input type="text"/> Somewhat important	
	<input type="text"/> Not important	
17) Have there been any challenges with capacity, bandwidth with current services or service options?	<input type="text"/>	

**FCC Healthcare Fiber Network
Existing WAN Infrastructure Data Gathering**

Location Specifics

Name of institution:

Contact:

Address:

Phone:

Cell phone:

Date of Site Visit:

Institutional representative who provided information:

1) Is a budget available to connect these network circuits?

2) Will you show support through signing a letter of intent?

3) Explain your funding capability including payment timelines