

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.

Ralph Johnson, CIO, Franklin Community Health Network

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

Ralph Johnson, CIO, Franklin Community Health Network

111 Franklin Health Commons

Farmington, Maine 04938

Phone: (207) 779-3154

Fax: (207) 779-2548

Email: rjohnson@fchn.org

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

Franklin Community Health Network

111 Franklin Health Commons

Farmington, Maine 04938

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

This project spans Western and Central Maine including all of Franklin County and parts of Oxford, Cumberland, and Androscoggin Counties. Implementation is being coordinated by a work group consisting of skilled professionals in healthcare information technology, and overseen by a project steering committee. Ralph Johnson, Chief Information Officer at FCHN, acts as project leader, and provides project management and oversight over the entire initiative.

The management structure will be as follows:

Project Steering Committee consists of senior administration from Franklin Community Health Network, HealthReach, and Central Maine Health Care. Membership includes:

- **Rebecca Ryder, President and CEO of Franklin Community Health Network. Rebecca will serve as committee chair.**
- **Ralph Johnson, Chief Information Officer of Franklin Community Health Network.**
- **Constance Coggins, President and CEO of HealthReach Community Health Centers**
- **Chuck Gill, Vice President of Public Affairs of Central Maine Healthcare**
- **In addition other stakeholders from across the region have been invited to join the group.**

The steering committee meets quarterly to hear project updates from Ralph Johnson, CIO at FCHN and the Project Manager, and to provide guidance to the overall project. Ralph

is responsible for communicating the interests of the steering committee to the project work group.

Project Work Group. The work group for this initiative is composed of healthcare information technology experts from FCHN, HealthReach, CMHC, and Time Warner Cable, as well as a member of FCHN's finance staff to help with audits and required reports. The group will meet monthly throughout the initiative to report progress and plan implementation.

As a robust collaborative project, it is worth noting that each individual in the work group has experience collaborating with other organizations to achieve ambitious technological projects. In fact, both Ralph Johnson and Denis Tanguay (CMHC) have worked together successfully on several large information technology projects in previous positions.

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.

Franklin Community Health Network
111 Franklin Health Commons
Farmington, Maine
04938

RUCA 7
Census Tract: 9912.00
Phone 207-779-2548
Public
Not for Profit
Eligible under section 254 of the 1996 Act as a not-for profit rural hospital

Pine Tree Family Practice
116 Franklin Avenue
Farmington, ME 04938

RUCA 7
Census tract: 9912.00
Phone 207-779-3154
Public
Not for Profit
Eligible under section 254 of the 1996 Act as a not-for profit rural hospital outpatient department

Franklin Memorial Hospital
Outpatient Services
76 Main Street - Central Plaza,
Livermore Falls, Maine 04254

RUCA 9.1
Census Tract: 0440.00
Phone 207-897-2600
Public
Not for Profit
Eligible under section 254 of the 1996 Act as a not-for profit rural hospital outpatient department

Franklin Health Livermore Falls Family Practice (Formerly Rockemeka)
38 Union St
Livermore Falls, ME 04254

RUCA 9.1
Census Tract: 0440.00
Phone 207-897-6601
Public
Not for Profit
Eligible under section 254 of the 1996 Act as a not-for profit rural hospital outpatient department

Franklin Health Wilton Family Practice
75 Allen St.
Wilton, ME 04294

RUCA 10.3
Census Tract: 9913.00
Phone 207-779-3184
Public
Not for Profit
Eligible under section 254 of the 1996 Act as a not-for profit rural hospital outpatient department

Bethel Family Health Center
32 Railroad St.
P.O. Box 1367
Bethel, ME 04217

RUCA 10.6
Census Tract: 9959.00
Phone 207-824-2193
Public
Not for Profit
Eligible under section 254 of the 1996 act as a Federally qualified rural health center

Mt. Abram Regional Health Center
25 Depot St.
P.O. Box 188
Kingfield, ME 04947

RUCA 10
Census Tract: 9901.00
Phone 207-265-4555
Public
Not for Profit
Eligible under section 254 of the 1996 act as a Federally qualified rural health center

Western Maine Family Health Center
80 Main Street
Central Plaza
Livermore Falls, ME 04254

RUCA 9.1
Census Tract: 0440.00
Phone 207-897-4345
Public
Not for Profit
Eligible under section 254 of the 1996 act as a Federally qualified rural health center

Rangeley Regional Health Center
42 Dallas Hill Rd
PO Box 569
Rangeley, ME 04970

RUCA 10
Census Tract: 9906.00
Phone 207-864-3303
Public
Not for Profit
Eligible under section 254 of the 1996 act as a Federally qualified rural health center

Strong Area Health Center
177 N. Main St.
PO Box 189
Strong, ME 04983

RUCA 10.3
Census Tract: 9901.00
Phone 207-684-4010
Public
Not for Profit
Eligible under section 254 of the 1996 act as a Federally qualified rural health center

Bridgton Hospital
10 Hospital Dr.
Bridgton, ME 04009

RUCA 10.4
Census Tract: 0160.00
Phone 207-647-6032
Public
Not for Profit
Eligible under section 254 of the 1996 Act as a not-for profit rural hospital

Rumford Hospital
420 Franklin St.
Rumford, ME 04276

RUCA 7
Census Tract: 9956.00
Phone 207-369-1032
Public
Not for Profit
Eligible under section 254 of the 1996 Act as a not-for profit rural hospital

Central Maine Medical Center
300 Main St.
Lewiston, ME 04240

RUCA 1
Census Tract: 0202.00
Phone 207-795-0111
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.

Time Warner Cable has secured the bid to begin construction for the first year project. Time Warner is providing a ten year IRU for Layer 2 Ethernet service at 45MBS speed meshed to all sites. A 1GB connection to the Internet for this network will reside at Franklin Memorial Hospital. Site inspections and make ready plans for telephone poles are in progress to build the connections. The sites to be connected in the first year are Central Maine Medical Center, Bridgeton Hospital, Rumford Hospital, Bethel Area Health Center, Franklin Memorial Hospital, Franklin Health Wilton Family Practice, Western Maine Health Center, Franklin Health Livermore Falls Family Practice and Franklin Memorial Hospital Outpatient Services.

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);
Federal Communications Commission FCC 07-198
74
- 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.

No Sites are connected as of this filing.

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

Total project cost is budgeted at \$724,080.06. This will be a one time payment upon completion of the build.

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.

Each site will be charged a one time fee of \$80,453.34. All sites are eligible non-profit healthcare sites so all costs will be paid by the award and the 15% matching funds. 15% matching funds are committed from the ConnectME authority of Maine for a total of \$108,612 and the remainder will be paid through USAC.

With the speed of these connections each site will be able to transfer large radiology images, exchange electronic medical record information and conduct video conferencing in rural settings.

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 entities connecting to this network.

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

No changes in leadership or management structure

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 network is scheduled to be delivered by October 29, 2010. Milestones have not yet been established until the pole make readies are complete.

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

To select a Network Provider, FCHN has created a Request for Proposals and placed it on the USAC website to be bid upon by telecommunication's vendors. Proposals submitted in response to the RFP will be scored on seven factors, each weighted equally: construction cost; on-going operating expense; available bandwidth, location of project team for duration of project, guaranteed response time in the event of a malfunction after construction, demonstrated experience in network construction and demonstrated experience with large projects on time and on budget. We are looking for a provider that uses foresight in utilizing the construction costs to build excess capacity at their own expense that will offset the on-going operating expense for the Rural Western and Central Maine Broadband Initiative. The initial construction cost should provide an incentive for any bidder to gain a foothold in this region to begin offering broadband services.

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.

Construction has not been complete so no advancements in telemedicine have been achieved to date.

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.

See above. We are focused on completing construction so we have not impacted telemedicine services.

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.

See above. We are focused on completing construction so we have not impacted telemedicine services.