

PILOT PROGRAM PARTICIPANT QUARTERLY DATA
REPORT
April 2010
Rural Alabama Health Care Consortium

1. Project Contact and Coordination Information

Project Leaders:

Michael Parsons, CEO
Randolph Medical Center
59928 Highway 22
Roanoke, AL 32674
Tel (334) 863-4111
Fax (224) 863-8663
E-mail mparsons@randolphmc.org

M, Carson Holbrook, Jr.
Valiant Technologies

Legal and Financially responsible organization:

Rural Health Care Consortium of Alabama

The project is being co-managed by Michael Parsons and Carson Holbrook on behalf of the consortium members.

2. Health care facilities included in the consortium include:

Randolph Medical Center
59928 Hiway 22
Roanoke, AL 36274
(334) 863-4111
RUCA: 7,4 Census Tract 009904
Public, not-for-public
Rural Health Care provider as licensed by the State of Alabama

Southern Family Health Care
3xx Price Street, Suite D
Roanoke, AL 36274
(334) 863-4111
RUCA: 7,4 Census Tract 009904
Public, not-for-public
Rural Health Care provider as licensed by the State of Alabama

Washington County Hospital & Nursing Home
649 St Stephens Ave
Chatom, AL 36518
(256) 847-2223
RUCA: 10,0 Census Tract 009940
Public, not-for-public
Rural Health Care provider as licensed by the State of Alabama

Clay County Hospital
83825 Hiway 9
Ashland, AL 36251
(256) 354-2131
RUCA: 10,0 Census Tract 009590
Public, not-for-public
Rural Health Care provider as licensed by the State of Alabama

3. Network Narrative:

The consortium has not yet implemented the network in FY 2009. We have received bids on our RFP and are reviewing amongst the members looking for a decision to go forward.

4. List of Connected Health Care Providers

The consortium did not implement the network in FY 2009. However when the system is implemented in FY 2009, the aforementioned health care providers will be connected.

5. Non-reoccurring and reoccurring cost Identification

The consortium has not yet implemented the network in FY 2009. Once the vendor selection has been performed, the quarterly report will contain the detail of recurring and non-recurring costs.

6. Cost apportionment Description

The consortium has not yet implemented the network in FY 2009. Once the network is implemented, the billing arrangement with the provider will allow allocation of costs to those actually incurred by each member. There are exceptions to this rule:

- 1) Due to the nature of the fiber connecting Southern Family Health Care and Randolph Medical Center, the only future costs beyond construction will be repair costs. These costs will be borne by the operating budget of Southern Family Health Care.
- 2) In the case of Washington County Hospital and Nursing Home, the percentage of the costs between the two business units will be determined on the monitored internal bandwidth usage of each unit.

Once the costs are determined, each entity will fund the costs through budgets and appropriate local, state and federal monies, as allowed.

7. Identity of requirements or procedures necessary for ineligible entities to connect to network

The consortium has not yet implemented the network in FY 2009. With the exception of Washington County Hospital and Nursing Home, whose payment arrangement will be based on internal workstation count, there is no excessive bandwidth available for other entities of any type.

8. Update on the project management.

Two of the original consortium members signed contracts through their respective parent organizations and subsequently do not qualify for grant monies for Internet Access. The current consortium will make the appropriate applications for Internet Services in the first quarter of calendar year 2010; afterwards the network should be operational by the middle of the second quarter calendar year 2010. We have posted our RPF on the FCC Pilot program web site and have received bids for our project. We are discussing amongst the consortium members if they wish to participate at this time due to budgetary problems.

9. Self Sustaining network.

Since the network is not yet functional, no self sustaining estimate is available. Once the network goes live, the collection of data related to its use will yield a timeframe of self-sustenance. The primary source of funds for sustenance will be absorbed by normal operating budgets. Additionally, any local, state and federal grants will be pursued to generate funds.

10. How the supported network has advanced telemedicine benefits.

The network is not yet implemented; however the greatest benefit is anticipated to be the use of telemedicine and teleradiology or PACS.

11. How the supported network has compiled with HHS Health IT initiatives.

The net work is not yet implemented. However the greatest benefit to Randolph Medical Center shall be the connectivity to East Alabama Medical Center's database to determine past patient information when they present at Randolph Medical in an emergency situation.

12. How the selected participants coordinated in the user of their health care networks with the Department of Health and Human Services (HHS) and, in particular with its Center for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies. 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 network is not yet functional, Once it goes live the staff of each member hospital shall determine the fitness of the network to communicate with HHS, CDC and other public health organizations.