OREGON HEALTH NETWORK

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Agenda

- ***Profile of Oregon Health Network***
- ***Network Overview***
- ***Policy Recommendations***
- ***Maximizing Value: Lessons Learned***
- ***Keeping Momentum Going for a Proven Network Model***

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Profile of OHN

- ***501(c)(3) membership-based organization***
- ***5th largest recipient of the Rural Health Care Pilot Program***
- ***Visionaries/early adopter engagement and support***
  - Department of Community College & Workforce Development
  - Department of Human Services/Oregon Health Authority
  - Governor's Office
  - Oregon Association of Hospitals & Health Systems
  - Oregon Business Development Department
  - Oregon Department of Education
  - Oregon Health & Science University
  - Telehealth Alliance of Oregon (TAO)

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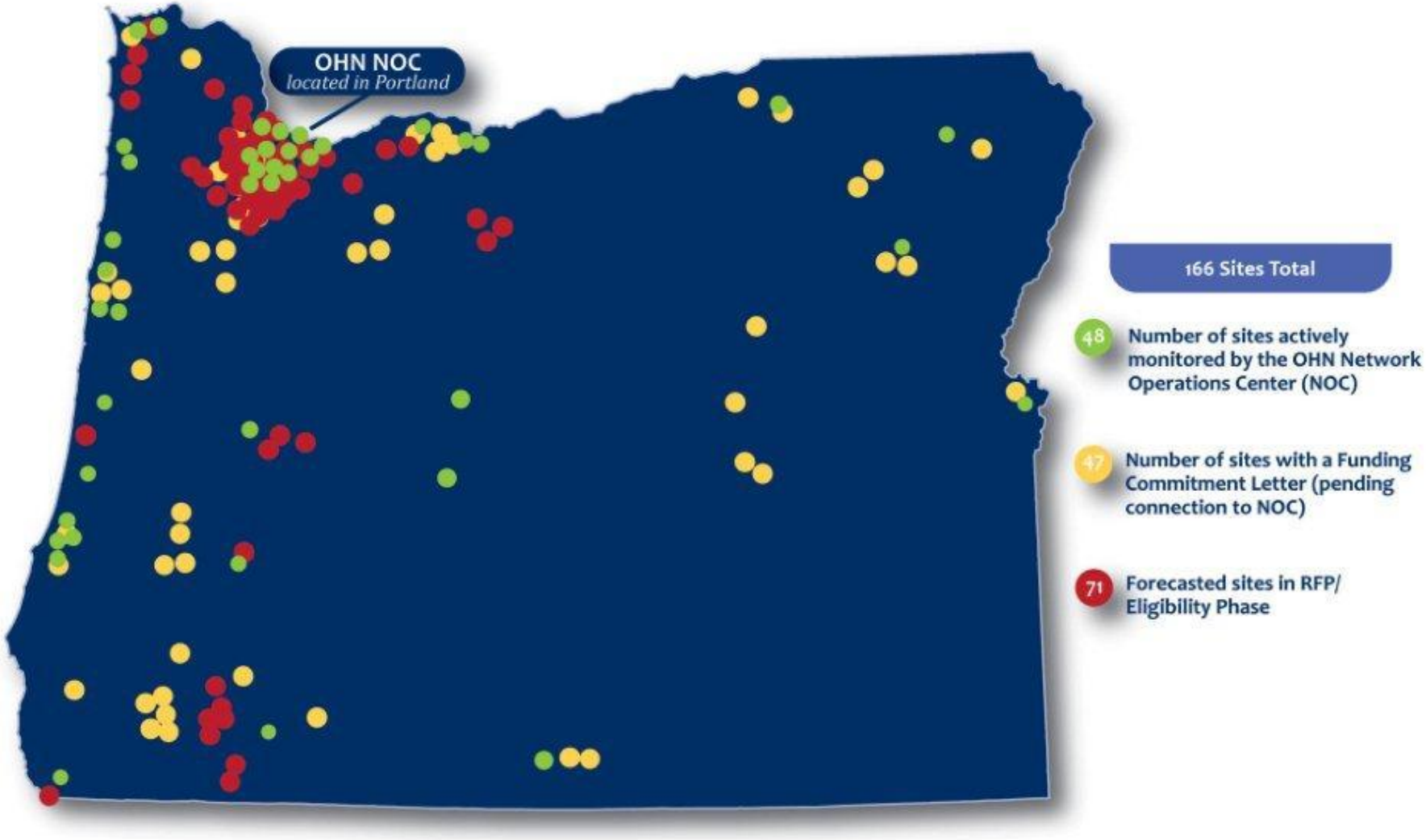
OHN's Managed Network

OHN Sites Featured: Live on the NOC, Funded, and within the RFP process



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Who do we serve?

Hospitals/Healthcare Systems

Clinics

- Rural Health Clinics
- Federally Qualified Rural Health Clinics
- Tribal Health Clinics
- Mental Health Clinics
- Private Practices

Government Agencies

- State
- City/Regional
- National

Allied Health & Distance Education

- Post-Secondary Education Facilities

Payers & Pharmacies

Long-Term Health & Assisted Living Facilities

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Rural Health Care Pilot Program Success Story

- ***Considered by USAC as one of the most successful RHCPP's due to:***
  - ✓ Ability to obtain and connect participants & 15% match funds
  - ✓ Professional marketing/outreach
  - ✓ Customized internal systems and best practices needed to support a state-wide network
  - ✓ Scalable network and operations model well positioned for nationwide deployment and interoperability

- ***On track to get 166+ site-vendor contracts signed by 6/30/11 deadline***

- ***Identified as the network to support Oregon's Health Information Exchange (HIE) solution***

- ***On deck with the California Telehealth Network (RHCPP) to be the first to connect two state networks***

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OHN: RHCPP Dashboard

OHN: Site Number, Fees, and Subsidy/Grant Summary:

Site Summary	
OHN Contracted Sites Goal	200
Total Number of Sites Connected to NOC: LIVE	48
Total Number of Sites Funded	95
Total Number of Sites in RFP (in process)	58
Sites with LOA's/RFP Pending	13
Estimated Total Contracted Sites (to date)	166
Remaining Sites to Meet Goal	34

FCC Subsidy Summary	
FCC Awarded Subsidy	$20,182,625
Funded Sites 85% Subsidy	$11,574,428
Forecasted Sites 85% Subsidy	$5,366,053
Forecasted Subsidy Balance	$3,242,144

OHN Grants Summary		
Total OHN Grants	$	1,350,000
Funded Sites 15% Grant Match	$	511,415
Forecasted Sites 15% Grant Match for NR	$	157,065
SRF Match for NOC 15% MRC	$	175,000
Forecasted Grant Balance	$	506,520

Connectivity: How much of our network is:	Sites	%
Fiber	65	94.20%
Copper (metro Ethernet)	1	1.50%
Wireless	3	4.30%

Date: January 7, 2010

PARTICIPANT SUMMARY: OHN & RHCPP

	Connected to NOC: LIVE	Funded: Connection Pending	In Process	Total
Provider Site Type Summary				
Hospital	15	10	10	35
Community College	12	2	0	14
Rural Health Clinic	4	10	19	33
Urban Health Clinic	7	2	31	40
Mental Health Clinic	0	14	0	14
Federally Qualified Health Clinic	10	8	9	27
Tribal Health Clinic	0	1	2	3
Total	48	47	71	166

HOSPITAL SYSTEM COUNT SUMMARY: Participating & Benefited

Hospital System	FCC/OHN Funded Sites	Benefited as an In-System Site: Hospitals	Benefited as an In-System Site: Clinics	Total System Sites
Asante Health System	1	2	26	29
CHC - St. Charles Health System	1	3	1	4
Legacy Health System	1	5	13	18
PeaceHealth	1	7	8	16
Providence Health System	40	0	3	43
Salem Health System	2	0	0	2
Samaritan Health System	4	2	107	113
Silverton Health System	6	0	1	7
Tuality Healthcare	12	0	1	13
Total	**9**	**68**	**19**	**160**	**245**

The OHN Network

1. ***A "consortium" network that will support all health care and health care education providers regardless of eligibility/status***

2. ***Leased services network; 10 mbps minimum***

3. ***Vendor connections peer at Northwest Access Exchange in downtown Portland***

4. ***Network Operations Center (NOC)***
   - Monitor participant connections 24/7 to ensure that telco/vendors live up to strict service level agreements (SLA's):
     - Availability: 99%
     - Jitter: 9 milliseconds (maximum variation between the fastest and slowest packets)
     - Latency: 45 milliseconds
     - Packet Loss: 0.3% (3 packets per thousand)

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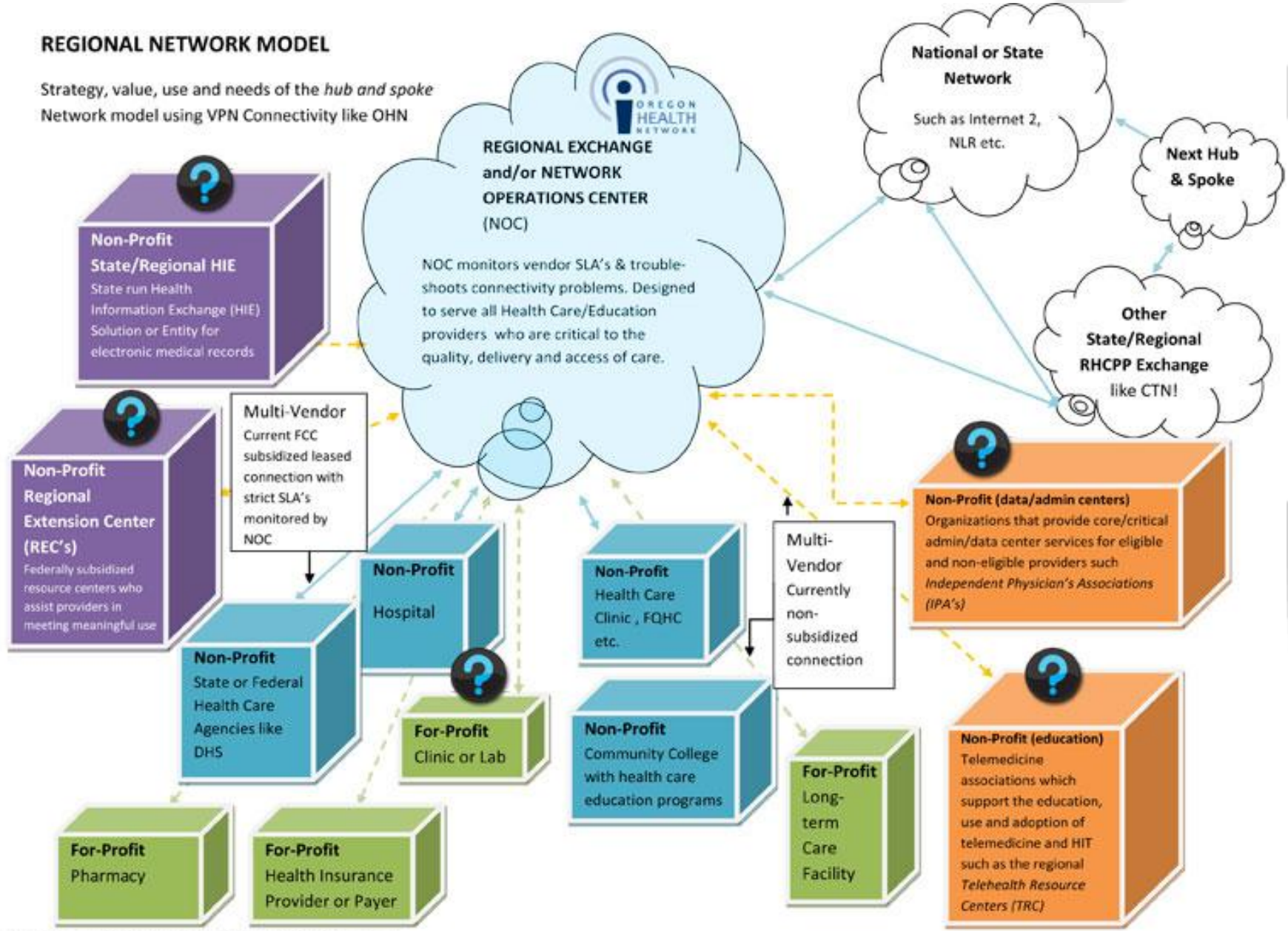
OHN's Anchor Tenant Model



OHN/TAO JOINT RESPONSE WC DOCKET No. 02-60

Recommendation #1: Leased Line Networks

The Issue: Dedicated networks in rural areas are expensive and complex and represent a challenge for healthcare providers to operate and manage. Leased Line Networks are a critically important option for addressing this challenge.

Recommendation: As the FCC did in the RHCPP, continue 85% support for leased network capacity (including operating leases) provided the vendors contractually guarantee that the leased capacity will be available for a minimum of ten years.

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Recommendation #2: Funding the Network Operations Center (NOC)

The Issue: Health care providers (urban and rural) must be able to monitor whether their telecom vendors are meeting service obligations and be able to preemptively identify and resolve problems in a multi-vendor network. A shared NOC is essential to this vital task.

Recommendation: As the FCC did in the RHCPP, continue support for network administration expenses and maintenance costs for NOC's in multi-vendor networks. To ensure support continues, the definition of "data center" should encompass NOCs.

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Recommendation #3: Rural & Urban Eligibility

The Issue: In order to provide critical medical services to rural clinics, it is essential that urban hospitals and data centers be connected to the networks serving rural locations.

Recommendation: As the FCC did in the RHCPP, continue support to subsidize the connection of urban hospitals and data centers to networks serving rural clinics.

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Recommendation #4: For-Profit Health Clinics & Sole Practitioner Eligibility

The Issue: Rural for-profit health care clinics and sole practitioners are the only health care providers in many remote and rural communities, yet they cannot afford the needed investment for broadband infrastructure and do not have technical expertise/resources to address technology requirements.

Recommendation: The FCC should recognize rural for-profit health care clinics and sole practitioners that either bill Medicare or have patient volumes consisting of a certain percentage of Medicaid beneficiaries as eligible "public health providers." This would be an appropriate and logical extension of the FCC's current policy of recognizing emergency departments of rural for-profit hospitals as eligible public health providers. This recommendation received overwhelming support among commenters.

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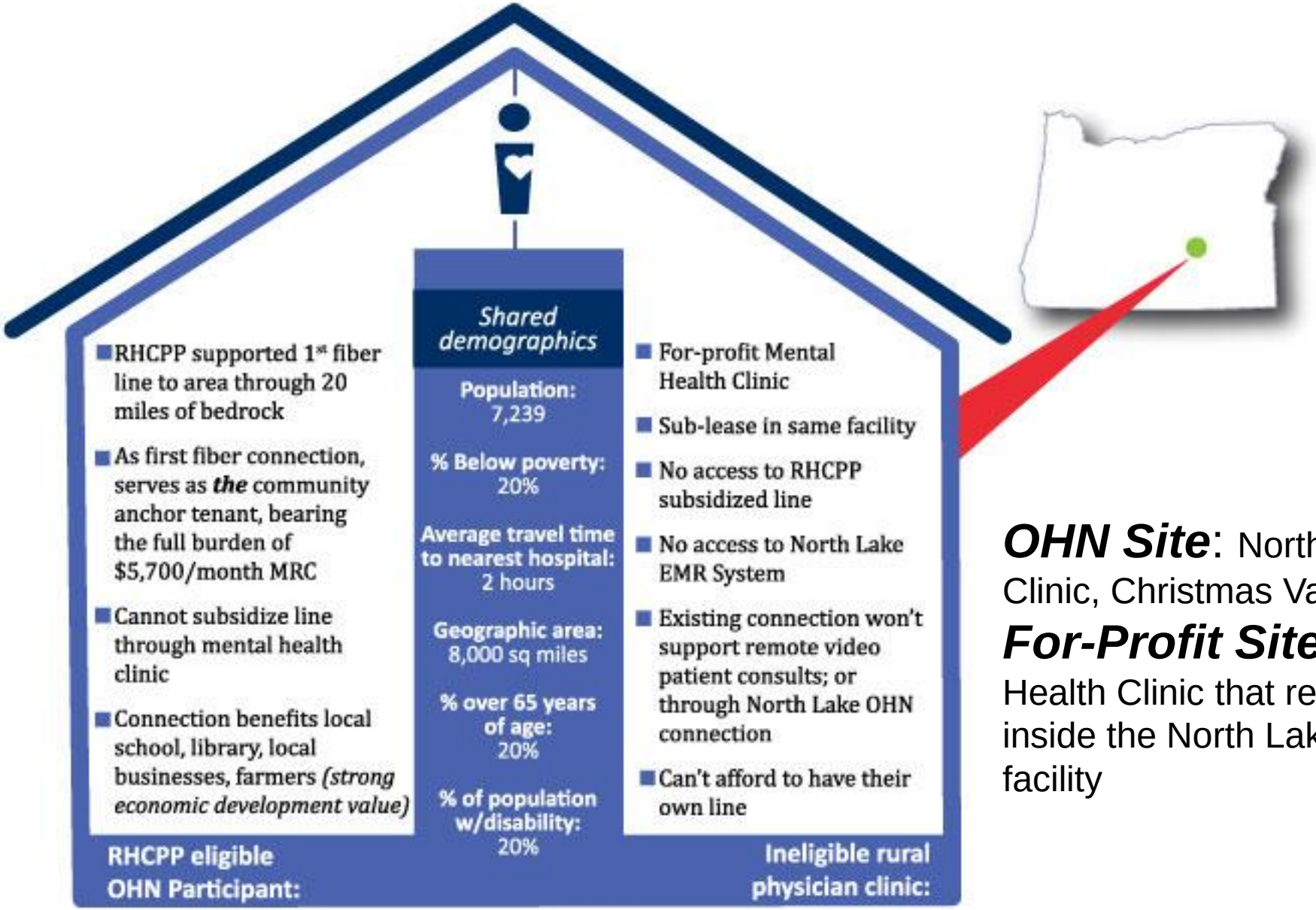
OHN For-Profit Profile: Christmas Valley, OR



OHN Site: North Lake Clinic, Christmas Valley

For-Profit Site: Mental Health Clinic that resides inside the North Lake Clinic facility

Maximizing Value: Lessons Learned

1. ***Annual Participation Fees:***
   - All OHN members pay an annual participation fee to assist in covering (but does not fully cover) the operations/administration costs associated with running the NOC
   - Urgent need to prove "value" of network for active participants immediately and on an on-going basis

2. ***Come year 5 of the RHCPP (May 2014)***
   - OHN will roll over eligible participants to the new Health Care Services Fund (former RHC) for continued monthly recurring cost support
   - All participants, will be able to renegotiate their contracts > same or reduced costs
   - Urban sites vulnerable for full-freight costs > pressure to OHN to prove ROI

3. ***Effective use of the network; maximizing value of investment***
   - Strategy/Design
   - Collaboration
   - Connectivity
   - Implementation
   - Information
   - Measurement
   - Support
   - Education
   - Recruitment & Retention
   - Credentialing& Privileging
   - Policy

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Keeping Momentum for a Proven Network Model

Goal: To position OHN to be the FCC's premier RHCPP scalable network model to showcase RHCPP success, and to confirm the actual sustainability requirements necessary to strategically rollout state-wide health networks nationwide to support the commission's goals.

- ***More time***
  - More time to use/deploy existing subsidy > currently $3.2m uncommitted
- ***More RHCPP funding = $46.2m over 8 years***
  - Additional broadband expansion/deployment funding for five additional years (2019) for *eligible* participants:
    - Existing Participants
      - ✓ Extend subsidy to continue coverage of monthly recurring costs (MRC)
        - $4.6m/year OR $23m total
      - ✓ Modify existing RHCPP vendor contracts (fiber) to better reflect bandwidth needs
        - 62 estimated sites (those under 100mbps) $650k/yr OR $5.2m
    - New Participants
      - ✓ Continued outreach and support for 100 providers
        - $3.6m/year x 8 years OR $18m total

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A Resource for the FCC to Develop a Future RHCPP

- *The GAO recently recommended that the FCC assess rural health care providers needs, consult with knowledgeable stakeholders, and develop performance goals, measures, and evaluation plans*

- *OHN's demand assessment and performance metrics (ROI) can serve as a resource for the FCC's future RHC program planning; and we're ready to share these metrics*

- *OHN and other successful Rural Health Care Pilot Programs stand ready to help the FCC develop a strong, cost effective, and accountable Rural Health Care Program for the future*

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