

**Adirondack Champlain Telemedicine Information Network (ACTION)**  
**January 30, 2011**  
**Quarterly Data Report #11**

Changes and/or additions made in Quarter 11 and items that do not currently apply, are in red.

**1. Project Contact and Coordination Information**

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

Michael Edwin Simpson, Director  
Sponsored Research & Programs  
SUNY Plattsburgh

Robert P. Hunt, 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.

**101 Broad Street**  
**Plattsburgh, NY 12901**  
**Phone – (518) 564-2155**  
**Fax – (518) 564-2157**  
**E-mail – [simpsome@plattsburgh.edu](mailto:simpsome@plattsburgh.edu)**

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

**The Research Foundation of State University of New York**  
**35 State Street**  
**Albany, New York 12207**

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

The Research Foundation of the State University of New York College at Plattsburgh is providing the project coordination and regional/state coordination.

**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.

Detailed address/location information for all health care facilities included in the ACTION network is provided in Table 1. The list of locations has been expanded per the Change of Scope submitted to USAC, and approved, in December 2010.

Table 1. Adirondack Champlain Telemedicine Information Network (ACTION) Participating Sites - Location Information						
Site	Organization	Address	County	City	Zip Code	RUCA
1	Adirondack Medical Center	2233 State Route 86	Franklin	Saranac Lake	12983	7
2	Lake Placid Health Center	29 Church Street	Essex	Lake Placid	12946	7
3	AMC Uihlein Skilled Nursing Facility	185 Old Military Road	Essex	Lake Placid	12946	7
4	Mountain Health Center	2841 State Route 73	Essex	Keene	12942	10
5	Tupper Lake Health Center	7 Stetson Road	Franklin	Tupper Lake	12986	7
6	Renal Dialysis and Sports Medicine & Rehabilitation	114 Wawbeek Avenue	Franklin	Tupper Lake	12986	7
7	Elizabethtown Community Hospital	75 Park Street	Essex	Elizabethtown	12932	10
8	Elizabethtown Community Health Center (EHC)	66 Park Street	Essex	Elizabethtown	12932	10
9	Westport Health Center (WHC)	6097 NYS Route 9N	Essex	Westport	12993	10
10	High Peaks Health Center (HPHC)	7 Community Circle	Essex	Wilmington	12967	8
11	Alice Hyde Medical Center	133 Park Street	Franklin	Malone	12953	4
12	Bessette Health Center	6087 State Route 11	Franklin	Chateaugay	12920	10.2
13	Dwyer Health Center	969 Route 11	Franklin	Moir	12957	5
14	Salmon River Health Center	577 County Route 1	Franklin	Fort Covington	12937	10.5
15	Tower Health Center	North Main Street	Franklin	St. Regis Falls	12980	10.5
16	CVPH Medical Center	75 Beekman Street	Clinton	Plattsburgh	12901	4
17	CVPH Ambulatory Surgery Center	77 Plaza Boulevard	Clinton	Plattsburgh	12901	4
18	CVPH Sports Med and Rehab Center at PARC	295 New York Road	Clinton	Plattsburgh	12903	4
19	CVPH Dialysis Satellite at ECH	75 Park Street	Essex	Elizabethtown	12932	10
20	CVPH Medical Center Rehabilitation Services	179 Tom Miller Road	Clinton	Plattsburgh	12901	4
21	Massena Memorial Hospital	One Hospital Drive	St. Lawrence	Massena	13662	4
22	Brasher Falls Family Health Center	3 Cudlipp Drive	St. Lawrence	Brasher Falls	13613	6
23	Norfolk Family Health Center	42 West Main Street	St. Lawrence	Norfolk	13667	5
24	Massena Memorial Hospital Dialysis Center	290 Main Street	St. Lawrence	Massena	13662	4
25	Inter-Lakes Health	1019 Wicker Street	Essex	Ticonderoga	12883	7
26	Glens Falls Hospital	100 Park Street	Warren	Glens Falls	12801	1
27	Advanced Imaging at Baybrook	22 Willowbrook Road	Warren	Queensbury	12804	1
28	Evergreen Health Center-Radiology Ext. Clinic	Evergreen Plaza, 13 Palmer Avenue	Saratoga	Corinth	12822	7.3
29	Glens Falls Hospital Broad Street Campus	2 Broad Street	Warren	Glens Falls	12801	1
30	Behavioral Health Services/Ridge Commons	1 Lawrence Street	Warren	Glens Falls	12801	1
31	Fort Edward Family Medicine	327 Broadway	Washington	Fort Edward	12828	1
32	Granville Health Center	79 North Street	Washington	Granville	12832	7.3
33	Cambridge Family Health Center	35 Gilbert Street	Washington	Cambridge	12816	10.4
34	GFH Outpatient Renal Dialysis Center	3 Broad Street	Warren	Glens Falls	12801	1
35	Greenwich Family Health Center	1112 County Route 29	Washington	Greenwich	12834	3
36	Center for Recovery	101 Ridge Street	Warren	Glens Falls	12801	1
37	GFH Sleep Lab	92 Broad Street	Warren	Glens Falls	12801	1
38	Hill Condy Family Practice	19 West Avenue	Saratoga	Saratoga Springs	12866	1.1
39	Hoosick Falls Family Health Center	16 Danforth Street	Rensselaer	Hoosick Falls	12090	7.4
40	Moreau Health Center Pinewood Professional Park	10154 Territorial Park	Washington	Fort Edward	12828	1
41	The Medical Center at Wilton	123 North Road	Saratoga	Gansevoort	12831	1.1
42	Hudson Falls Internal Medicine	325 Main Street	Washington	Hudson Falls	12839	1
43	Salem Family Health Center	213 Main Street	Washington	Salem	12865	10.4
44	The Rehab Center & The Hearing Center	25 Willowbrook Road	Warren	Queensbury	12804	1
45	Main Street Physical Therapy	17 Main Street	Warren	Glens Falls	12801	1
46	Saratoga Physician's Practice	1 West Medical Plaza	Saratoga	Saratoga Springs	12866	1.1
47	Whitehall Health Center	65 Poultney Street	Washington	Whitehall	12887	10.4
48	The Center for Recovery	340 Main Street	Washington	Hudson Falls	12839	1
49	Wilton Health Services	11 Carpenter Lane	Saratoga	Wilton	12866	1.1
50	St. Regis Mohawk Tribe Health Services	412 State Route 37	Franklin	Akwesasne	13655	6

**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:**

- Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
- Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- 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.

**NOT APPLICABLE AT THIS TIME.**

**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);  
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- 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.

Detailed eligibility information for all health care facilities included in the ACTION network is provided below in Table 2. The list of locations has been expanded per the Change of Scope submitted to USAC, and approved, in December 2010.

Table 2. Adirondack Champlain Telemedicine Information Network (ACTION) Participating Sites - Eligibility Information								
Site	Organization	Address	County	City	Zip Code	Public or Non-Public	Not-for-Profit or For-Profit	NYSDOH Certificate Number
1	Adirondack Medical Center	2233 State Route 86	Franklin	Saranac Lake	12983	Non-Public	Not-for-Profit	<a href="#">1623001H</a>
2	Lake Placid Health Center	29 Church Street	Essex	Lake Placid	12946	Non-Public	Not-for-Profit	1623001H
3	AMC Uihlein Skilled Nursing Facility	185 Old Military Road	Essex	Lake Placid	12946	Non-Public	Not-for-Profit	1623001H
4	Mountain Health Center	2841 State Route 73	Essex	Keene	12942	Non-Public	Not-for-Profit	1623001H
5	Tupper Lake Health Center	7 Stetson Road	Franklin	Tupper Lake	12986	Non-Public	Not-for-Profit	1623001H
6	Renal Dialysis and Sports Medicine & Rehabilitation	114 Wawbeek Avenue	Franklin	Tupper Lake	12986	Non-Public	Not-for-Profit	1623001H
7	Elizabethtown Community Hospital	75 Park Street	Essex	Elizabethtown	12932	Non-Public	Not-for-Profit	<a href="#">1552701C</a>
8	Elizabethtown Community Health Center (ECHC)	66 Park Street	Essex	Elizabethtown	12932	Non-Public	Not-for-Profit	1552701C
9	Westport Health Center (WHC)	6097 NYS Route 9N	Essex	Westport	12993	Non-Public	Not-for-Profit	1552701C
10	High Peaks Health Center (HPHC)	7 Community Circle	Essex	Wilmington	12967	Non-Public	Not-for-Profit	1552701C
11	Alice Hyde Medical Center	133 Park Street	Franklin	Malone	12953	Non-Public	Not-for-Profit	<a href="#">1624000H</a>
12	Bessette Health Center	6087 State Route 11	Franklin	Chateaugay	12920	Non-Public	Not-for-Profit	1624000H
13	Dwyer Health Center	969 Route 11	Franklin	Moir	12957	Non-Public	Not-for-Profit	1624000H
14	Salmon River Health Center	577 County Route 1	Franklin	Fort Covington	12937	Non-Public	Not-for-Profit	1624000H
15	Tower Health Center	North Main Street	Franklin	St. Regis Falls	12980	Non-Public	Not-for-Profit	1624000H
16	CVPH Medical Center	75 Beekman Street	Clinton	Plattsburgh	12901	Non-Public	Not-for-Profit	<a href="#">0901001H</a>
17	CVPH Ambulatory Surgery Center	77 Plaza Boulevard	Clinton	Plattsburgh	12901	Non-Public	Not-for-Profit	0901001H
18	CVPH Sports Med and Rehab Center at PARC	295 New York Road	Clinton	Plattsburgh	12903	Non-Public	Not-for-Profit	0901001H
19	CVPH Dialysis Satellite at ECH	75 Park Street	Essex	Elizabethtown	12932	Non-Public	Not-for-Profit	0901001H
20	CVPH Medical Center Rehabilitation Services	179 Tom Miller Road	Clinton	Plattsburgh	12901	Non-Public	Not-for-Profit	0901001H
21	Massena Memorial Hospital	One Hospital Drive	St. Lawrence	Massena	13662	Non-Public	Not-for-Profit	<a href="#">4402000H</a>
22	Brasher Falls Family Health Center	3 Cudlipp Drive	St. Lawrence	Brasher Falls	13613	Non-Public	Not-for-Profit	4402000H
23	Norfolk Family Health Center	42 West Main Street	St. Lawrence	Norfolk	13667	Non-Public	Not-for-Profit	4402000H
24	Massena Memorial Hospital Dialysis Center	290 Main Street	St. Lawrence	Massena	13662	Non-Public	Not-for-Profit	4402000H
25	Inter-Lakes Health	1019 Wicker Street	Essex	Ticonderoga	12883	Non-Public	Not-for-Profit	<a href="#">1564701C</a>
26	Glens Falls Hospital	100 Park Street	Warren	Glens Falls	12801	Non-Public	Not-for-Profit	<a href="#">5601000H</a>
27	Advanced Imaging at Baybrook	22 Willowbrook Road	Warren	Queensbury	12804	Non-Public	Not-for-Profit	5601000H
28	Evergreen Health Center-Radiology Ext. Clinic	Evergreen Plaza, 13 Palmer Ave.	Saratoga	Corinth	12822	Non-Public	Not-for-Profit	5601000H
29	Glens Falls Hospital Broad Street Campus	2 Broad Street	Warren	Glens Falls	12801	Non-Public	Not-for-Profit	5601000H
30	Behavioral Health Services/Ridge Commons	1 Lawrence Street	Warren	Glens Falls	12801	Non-Public	Not-for-Profit	5601000H
31	Fort Edward Family Medicine	327 Broadway	Washington	Fort Edward	12828	Non-Public	Not-for-Profit	5601000H
32	Granville Health Center	79 North Street	Washington	Granville	12832	Non-Public	Not-for-Profit	5601000H
33	Cambridge Family Health Center	35 Gilbert Street	Washington	Cambridge	12816	Non-Public	Not-for-Profit	5601000H
34	GFH Outpatient Renal Dialysis Center	3 Broad Street	Warren	Glens Falls	12801	Non-Public	Not-for-Profit	5601000H
35	Greenwich Family Health Center	1112 County Route 29	Washington	Greenwich	12834	Non-Public	Not-for-Profit	5601000H
36	Center for Recovery	101 Ridge Street	Warren	Glens Falls	12801	Non-Public	Not-for-Profit	5601000H
37	GFH Sleep Lab	92 Broad Street	Warren	Glens Falls	12801	Non-Public	Not-for-Profit	5601000H
38	Hill Condy Family Practice	19 West Avenue	Saratoga	Saratoga Springs	12866	Non-Public	Not-for-Profit	5601000H
39	Hoosick Falls Family Health Center	16 Danforth Street	Rensselaer	Hoosick Falls	12090	Non-Public	Not-for-Profit	5601000H
40	Moreau Health Center Pinewood Professional Park	10154 Territorial Park	Washington	Fort Edward	12828	Non-Public	Not-for-Profit	5601000H
41	The Medical Center at Wilton	123 North Road	Saratoga	Gansevoort	12831	Non-Public	Not-for-Profit	5601000H
42	Hudson Falls Internal Medicine	325 Main Street	Washington	Hudson Falls	12839	Non-Public	Not-for-Profit	5601000H
43	Salem Family Health Center	213 Main Street	Washington	Salem	12865	Non-Public	Not-for-Profit	5601000H
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46	Saratoga Physician's Practice	1 West Medical Plaza	Saratoga	Saratoga Springs	12866	Non-Public	Not-for-Profit	5601000H
47	Whitehall Health Center	65 Poultney Street	Washington	Whitehall	12887	Non-Public	Not-for-Profit	5601000H
48	The Center for Recovery	340 Main Street	Washington	Hudson Falls	12839	Non-Public	Not-for-Profit	5601000H
49	Wilton Health Services	11 Carpenter Lane	Saratoga	Wilton	12866	Non-Public	Not-for-Profit	5601000H
50	St. Regis Mohawk Tribe Health Services	412 State Route 37	Franklin	Akwesasne	13655	Non-Public	Not-for-Profit	<a href="#">1653200R</a>

**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 Tariff Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs

**NOT APPLICABLE AT THIS TIME.**

In light of the final BTOP award results, we are in the process of reviewing the network design to best coordinate our network plan with other builds in the region in order to create a plan which most efficiently and cost effectively connects the healthcare providers in the

region. This will be reviewed by USAC and the FCC and approval for the new plan will be sought. Once approved, we will update this section for the next quarterly report.

In Quarter 11 ACTION applied to USAC for a Change of Scope. This was approved in December 2010.

**Original Proposal:** The Adirondack - Champlain Telemedicine Information Network (ACTION) originally proposed a project to construct a state of the art fiber optic network, dedicated to telehealth and telemedicine, that would connect all health care providers in Clinton, Essex, and Franklin counties and would provide connectivity to Internet 2. This network was proposed to be built with extra capacity to provide additional services to other non-profit and for-profit healthcare participants. Those services were to include commercial Internet, telephone/video and storage. This would have provided ACTION with an opportunity to subsidize ongoing operating costs by leasing bandwidth to commercial service providers and selling services. Due to unforeseen circumstances (loss of federal grants) and the lateness of the hour, ACTION has decided to seek a change in scope to our original RHCPP funding proposal.

**New Scope:** ACTION now would like to seek proposals for a long term leased fiber/Ethernet services that provide the engineering, materials, construction, implementation, maintenance, and sustaining network support for a dedicated, managed router/firewall service over a secure fiber/Ethernet broadband network. The network will provide 10 Mbps, 100 Mbps or 1 Gbps fiber/Ethernet and will connect all of the Phase 1 entities and as many of the Phase 2 entities, listed in the original RHCPP proposal, as practical. Connectivity to the public Internet also will be provided as part of this leased service.

**Benefits of New Scope:** There are several benefits to choosing a long term leased service option over a private/public model. The primary difference is the diminished cost for building the network. A leased model requests network services from a SP, ISP or some combination of them both, to build the infrastructure required to connect the ACTION sites listed in Phase 1 and Phase 2. In some instances, the SP/ISP infrastructure already exists today or is in the process of being built. This was not the case when the original ACTION application was made to the FCC/USAC. The original proposal required ACTION to build both the transport backbone and the individual connections from the ACTION site locations to the ACTION backbone network.

Reducing the overall cost to build the network by leasing services from existing service providers will provide ACTION with more funds to request advanced networking services. Additionally, ACTION members will have more funds to pay for monthly recurring charges. This will enable ACTION to expand the number of ACTION member locations. The original plan did not have enough funds to include the locations listed in Phase 2; the leased option could include Phase 1 and Phase 2 locations. The enhanced long term leased services will allow the ACTION members to create more diverse telemedicine applications, which in turn will improve the overall long-term sustainability of the network.

Finally, the new scope, in which ACTION would like to lease the network and obtain network services from existing service providers will enable ACTION to complete timely, all of the requirements of the RHCPP and should result in ACTION getting an approved funding commitment letter (FCL) before the 30 June 2011 deadline.

## **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.

**NOT APPLICABLE AT THIS TIME. No pilot funds have been expended to date.**

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

**NOT APPLICABLE 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; and
- 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.

**A- Project Coordinator: Michael Simpson (on file), Assistant Project Coordinator: Bob Hunt (on file).**

Project Management: Provided by The Research Foundation of State University of New York with the members of ACTION as an advisory board.

B- A detailed project plan will be available once the network sustainability plan is complete. The design will drive the RFP, scheduled completion dates, etc.

**A new Sustainability Plan was created during Quarter 11. The new Sustainability Plan is detailed in Section 9. The following table includes the significant milestones that will occur during the grant period. These projected milestones start within 30 days after the date of receipt of the Funding Commitment Letter (FCL) and will be managed by the ACTION.**

Task Number	Activity	Timeframe
Task 1	Network construction	Months 1 - 15
Task 2	Meeting with the tertiary site providers to educate on telemedicine and refine business associate agreements	Months 4 - 12
Task 3	Identification of site representatives—for clinical services and IT issues	Months 4 - 6
Task 4	Roll out of the committees representing the North Country facilities, the tertiary facilities, and Selected Telecommunications Vendor	Months 6 - 15
Task 5	Telemedicine equipment vendor selection and purchase of telemedicine equipment	Months 12 - 24
Task 6	Protocol development for consult rule-in/rule out, consultation imitation and follow-up process, information exchange and security, etc.	Months 12 - 24
Task 7	Initial engagement of commercial payers for demonstration and possible reimbursement	Months 12 - 24
Task 8	Testing the network	Months 12 - 18
Task 9	Training and piloting network access, and use of the equipment	Months 12 - 24
Task 10	Roll out of initial clinical specialties: cardiology, gastroenterology, oncology, pulmonology and outpatient behavioral health (one per month)	Months 24 - 36
Task 11	Evaluation	Months 24 - 48

C- Recent calls with USAC have helped kick the project into gear. A draft version of our RFP is being revised and will be again submitted to our coach, our legal department is working on some issues related to our sustainability plan and we are in the final stages of securing our matching funds. (The line item requirement, not originally planned for, caused a restructuring of our match.)

A new RFP was developed based on the Change of Scope submitted to USAC during Quarter 11. The new RFP is being reviewed by USAC at this time and is expected to post in February 2011.

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

A scenario #3/#8 hybrid is being considered as a sustainability scenario for our project. We are looking at projects in Nebraska and Southern Ohio as models we may wish to replicate. We also are exploring alternative sustainability options after reviewing the results of a third party feasibility study on the proposed project plan.

We will submit a revised draft of the RFP to our coach, with the sustainability plan and LOAs to follow shortly thereafter.

In Quarter 11 a Change of Scope, revised LOAs, Sustainability Plan and RFP were submitted to USAC for review and approval. The Change of Scope, LOAs and Sustainability plan have been reviewed and approved. The new RFP is still undergoing review. We expect the RFP to be approved and posted in February 2011.

ACTION now would like to seek proposals for a long term leased fiber/Ethernet services that provide the engineering, materials, construction, implementation, maintenance, and sustaining network support for a dedicated, managed router/firewall service over a secure fiber/Ethernet broadband network. The network will provide 10 Mbps, 100 Mbps or 1 Gbps fiber/Ethernet and will connect all of the Phase 1 entities and as many of the Phase 2 entities, listed in the original RHCPP proposal, as practical. Connectivity to the public Internet also will be provided as part of this leased service. This is based on Scenario 9.

**Adirondack - Champlain Telemedicine Information Network**  
Federal Communications Commission (FCC) Rural Health Care Pilot Project

**Project Sustainability Plan**

Project Director: Michael Simpson

**Plan Narrative**

Sustainability is the ability of the Adirondack - Champlain Telemedicine Information Network (ACTION) initiative to thrive and grow beyond the initial implementation. Expanded use of telemedicine, continued development of electronic health records, and electronic information sharing will require continued availability of this network. Each new development using this technology will increase the importance of sustaining the ACTION initiative.

Project Champions

The project champions for this specific project include Michael Simpson (Director, Office of Sponsored Research & Programs) SUNY Plattsburg, Robert Hunt (Regional Telemedicine Project Manager) FDRHPO. The health care participating entity project champions are John Johnson (CEO) Alice Hyde Medical Center, Joel Benware (CIO) Alice Hyde Medical Center, Rodney C. Boula (CEO/Administrator) Elizabethtown Community Hospital, Brett Sicola (Director – Information Systems & Support) Elizabethtown Community Hospital, Chandler Ralph (President and CEO) Adirondack Medical Center, Phillip Deleel (Director of Information Systems) Adirondack Medical Center, Stephens Mundy (President/CEO) CVPH Medical Center and Rosemary Miller (Associate Vice President Information Services and Support) CVPH Medical Center.

Current Funding Streams

The seven primary hospitals and the St. Regis Mohawk Tribe Health Services in the ACTION alliance have contributed \$25,000.00 apiece. All sites will be responsible for the 15% of monthly recurring costs (MRC) for the entire period of the initial lease agreement. Matching funds include support from the Empire State Development Corporation (\$550,000) and the New York State Small Cities Program (\$550,000), for a combined total of \$1.1 million. This is in addition to funds that the hospitals and St. Regis Mohawk Tribe Health Services have dedicated to the project (\$25,000 each). Those funds will be used to backfill any remaining match and also cover any expenses that are necessary to the project but are ineligible for pilot funding (e.g., administrative).

### Anticipated Future Funding Streams

Anticipated future uses are currently under development and include telemedicine to perform mental and behavioral health outpatient services, telecardiology, and telestroke services. Tertiary care centers in the region are preparing a catalog of services they are able to provide and those they seek to actively develop. Continuity of operations is made possible by implementation of but a few such programs. These programs will provide the fiscal support needed to sustain the network and continue expansion of telemedicine in the region using these resources and are a key component factored into the estimated cost savings and revenue increases identified in the sustainability budget on page 4 of this document.

This project will form strong relationships between public and private organizations that will use and value telemedical capabilities. These relationships, coupled with entrepreneurial vigilance, will seek to identify and pursue additional opportunities. We understand that telemedicine doesn't simply bridge the geographic gap. It is also technology that will make available advances never before thought possible. The desire of the participants to pursue collaborative endeavors in this arena is evident and will continue to grow.

### Anticipated Future Cost Savings

The smaller clinics included in this project will have direct access to hospital resources. These resources include patient registration and management applications, electronic health record information, and telemedical services performed by a wider variety of specialties than the clinics can provide organically. The regional hospitals will have access to the clinic operations and electronic health records, which will provide a more seamless style of health care. The efficiency created by combining and joining resources is the other component factored into cost savings and revenue increases identified in the sustainability budget portion of this plan.

### Enhanced Patient Care

Hospitals will be able access and share information between hospitals. Ventures by the regional hospitals into PACS with search and retrieve capabilities have already been researched as part of a HEAL NY grant submission. A verbal agreement exists between the information technology leaders of several of the hospitals. This agreement is to seek opportunities for collaboration in information technology. The agreement is that competitive interests are better served through other means and that technology should be a shared experience. This project is the cornerstone of such an effort.

Relationships between the tertiary care centers and regional hospitals will result in enhanced patient care. Telemedicine, distance learning, and continuity of care are supported by this project. The opportunity now exists to fashion a more cohesive network similar to a Regional Health Information Organization. This will position the region to more readily implement and adopt the emerging electronic health records (EHR) standards.

The four core hospitals that make up the ACTION alliance (Alice Hyde Medical Center, Adirondack Medical Center, CVPH Medical Center and Elizabethtown Community Hospital) are all participating in the NY HEAL 10 Patient Centered Medical Home (PCMH) model which requires effective use of interoperable health information technology (health IT). The projects will identify a target patient population with a chronic disease or high risk/high cost diagnosis and include all of the key care givers in their community involved in patient care for this population. Coordination of clinical care will be supported by connecting these care givers through a PCMH model and the implementation of interoperable health record systems (EHRs) that are linked through the Statewide Health Information Network for New York (SHIN-NY). The ACTION network will play a significant role in connecting all of the disparate locations required to support the collection of data required by the PCMH model.

### Conclusion – Collective Benefit

All involved parties have much to gain or lose in sustaining this project. The larger organizations will create the support programs that include service for the smaller ones. Ultimately, the loss of capability would have a significant negative impact all participants. Therefore, the collective benefit will be sustained through continued collaboration and development of this technology. The collective organizations are already spending a significant amount on lower bandwidth and less efficient technology than the Ethernet fiber this project will provide. Funding for continued support of this resource will come from the individual organizations some of which will be offset by the dollars being invested in the current connectivity and through hard cost savings and increased revenue streams. Each of these items has been included in the sustaining budget plan below.

In addition, grant dollars will be sought for telemedicine equipment and electronic medical record interfacing opportunities that will increase the ability to efficiently deliver services and sustain the network. However, expected grant dollars were not included in the sustainability budget as they are a moving target and do not provide a sustainable funding stream.

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**Adirondack - Champlain Telemedicine Information Network 50 Participating Entities**

Site	Organization	Minimum Existing B/W	(1) Current Monthly Cost for Existing Bandwidth	(2) Monthly Cost Years 1 - 4 10MB Clinics 100MB Hospitals	(2) Monthly Cost Years 5 - 15 10MB Clinics 100MB Hospitals	(3) Cost Savings from Telemedicine	(4) New Revenue from Telemedicine	Monthly Cost Savings + New Revenue	New Bandwidth Cost Not Offset by Savings or Revenue (Years 1 - 4)	New Bandwidth Cost Not Offset by Savings or Revenue (Years 5 - 15)	Gain for Site: Years 1 - 4 Current Monthly Cost Minus New Bandwidth Cost Not Offset by Savings or Revenue	Gain for Site: Years 5 - 15 Current Monthly Cost Minus New Bandwidth Cost Not Offset by Savings or Revenue
1	Adirondack Medical Center	Cable	\$1200	\$35	\$2,100	\$1000	\$900	\$1900	-\$1585	\$200	\$2,785	\$1000
2	Lake Placid Health Center	Cable	\$200	\$50	\$1000	\$600	\$600	\$1200	-\$1050	-\$200	\$1250	\$400
3	AMC UHlein Skilled Nursing Facility	Cable	\$200	\$50	\$1000	\$500	\$600	\$1100	-\$950	-\$100	\$150	\$300
4	Mountain Health Center	Cable	\$200	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$1050	\$200
5	Tupper Lake Health Center	Cable	\$200	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$1050	\$200
6	Renal Dialysis and Sports Medicine & Rehabilitation	Cable	\$200	\$50	\$1000	\$600	\$700	\$1300	-\$1150	-\$300	\$1350	\$500
7	Elizabethtown Community Hospital	Cable	\$200	\$35	\$2,100	\$1000	\$900	\$1900	-\$1585	\$200	\$1785	\$0
8	Elizabethtown Community Health Center (ECHC)	Cable	\$200	\$50	\$1000	\$600	\$500	\$1100	-\$950	-\$100	\$150	\$300
9	Westport Health Center (WHC)	Cable	\$200	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$1050	\$200
10	High Peaks Health Center (HPHC)	Cable	\$200	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$1050	\$200
11	Alice Hyde Medical Center	Cable	\$200	\$35	\$1000	\$1000	\$900	\$1900	-\$1585	-\$900	\$1785	\$1100
12	Bessette Health Center	Cable	\$200	\$50	\$1000	\$400	\$500	\$900	-\$750	\$100	\$950	\$100
13	Dwyer Health Center	Cable	\$200	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$1050	\$200
14	Salmon River Health Center	Cable	\$200	\$50	\$1000	\$600	\$500	\$1100	-\$950	-\$100	\$150	\$300
15	Tower Health Center	Cable	\$200	\$50	\$1000	\$400	\$500	\$900	-\$750	\$100	\$950	\$100
16	CVPH Medical Center	Cable	\$200	\$35	\$2,100	\$1000	\$900	\$1900	-\$1585	\$200	\$1785	\$0
17	CVPH Ambulatory Surgery Center	Cable	\$200	\$50	\$1000	\$600	\$500	\$1100	-\$950	-\$100	\$150	\$300
18	CVPH Sports Med and Rehab Center at PARC	Cable	\$200	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$1050	\$200
19	CVPH Dialysis Satellite at ECH	Cable	\$200	\$50	\$1000	\$600	\$500	\$1100	-\$950	-\$100	\$150	\$300
20	CVPH Medical Center Rehabilitation Services	Cable	\$200	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$1050	\$200
21	Massena Memorial Hospital	Cable	\$200	\$35	\$2,100	\$1000	\$900	\$1900	-\$1585	\$200	\$1785	\$0
22	Brasher Falls Family Health Center	Cable	\$200	\$50	\$1000	\$400	\$400	\$800	-\$650	\$200	\$850	\$0
23	Norfolk Family Health Center	Cable	\$200	\$50	\$1000	\$400	\$400	\$800	-\$650	\$200	\$850	\$0
24	Massena Memorial Hospital Dialysis Center	Cable	\$200	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$1050	\$200
25	Inter-Lakes Health	Cable	\$200	\$35	\$2,100	\$1000	\$900	\$1900	-\$1585	\$200	\$1785	\$0
26	Glens Falls Hospital	Cable	\$2,800	\$35	\$2,100	\$500	\$1200	\$1700	-\$1385	\$400	\$4,485	\$2,400
27	Advanced Imaging at Baybrook	Cable	\$1400	\$50	\$1000	\$200	\$700	\$900	-\$750	\$100	\$2,150	\$1300
28	Evergreen Health Center-Radiology Ext. Clinic	Cable	\$1400	\$50	\$1000	\$600	\$500	\$1100	-\$950	-\$100	\$2,350	\$1500
29	Glens Falls Hospital Broad Street Campus	Cable	\$1000	\$50	\$1000	\$200	\$600	\$800	-\$650	\$200	\$1650	\$800
30	Behavioral Health Services/Ridge Commons	Cable	\$102	\$50	\$1000	\$200	\$400	\$600	-\$450	\$400	\$552	-\$298
31	Fort Edward Family Medicine	Cable	\$102	\$50	\$1000	\$200	\$600	\$800	-\$650	\$200	\$752	-\$98
32	Granville Health Center	Cable	\$102	\$50	\$2,100	\$500	\$500	\$1000	-\$850	\$100	\$952	-\$98
33	Cambridge Family Health Center	Cable	\$1200	\$50	\$1000	\$600	\$500	\$1100	-\$950	-\$100	\$2,150	\$1300
34	GFH Outpatient Renal Dialysis Center	Cable	\$1600	\$50	\$1000	\$200	\$700	\$900	-\$750	\$100	\$2,350	\$1500
35	Greenwich Family Health Center	Cable	\$1200	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$2,050	\$1200
36	Center for Recovery	Cable	\$1000	\$50	\$1000	\$200	\$500	\$700	-\$550	\$300	\$1550	\$700
37	GFH Sleep Lab	Cable	\$1400	\$50	\$1000	\$200	\$600	\$800	-\$650	\$200	\$2,050	\$1200
38	Hill Condy Family Practice	Cable	\$102	\$50	\$1000	\$200	\$600	\$800	-\$650	\$200	\$752	-\$98
39	Hoosick Falls Family Health Center	Cable	\$102	\$50	\$1000	\$500	\$500	\$1000	-\$850	\$0	\$952	\$102
40	Moreau Health Center Pinewood Professional Park	Cable	\$1000	\$50	\$1000	\$200	\$700	\$900	-\$750	\$100	\$1750	\$900
41	The Medical Center at Wilton	Cable	\$1400	\$50	\$1000	\$200	\$700	\$900	-\$750	\$100	\$2,150	\$1300
42	Hudson Falls Internal Medicine	Cable	\$102	\$50	\$1000	\$200	\$500	\$700	-\$650	\$300	\$652	-\$98
43	Salem Family Health Center	Cable	\$102	\$50	\$1000	\$600	\$500	\$1100	-\$950	-\$100	\$1052	\$202
44	The Rehab Center & The Hearing Center	Cable	\$1550	\$50	\$1000	\$200	\$500	\$700	-\$550	\$300	\$2,100	\$1250
45	Main Street Physical Therapy	DSL	\$102	\$50	\$1000	\$200	\$500	\$700	-\$550	\$300	\$652	-\$98
46	Saratoga Physician's Practice	Cable	\$102	\$50	\$1000	\$200	\$500	\$700	-\$550	\$300	\$652	-\$98
47	Whitehall Health Center	Cable	\$102	\$50	\$1000	\$600	\$400	\$1000	-\$850	\$0	\$952	\$102
48	The Center for Recovery	Cable	\$1200	\$50	\$1000	\$200	\$700	\$900	-\$750	\$100	\$1950	\$1100
49	Wilton Health Services	Cable	\$102	\$50	\$1000	\$200	\$600	\$800	-\$650	\$200	\$752	-\$98
50	St. Regis Mohawk Tribe Health Services	T-1	\$2,000	\$50	\$1000	\$600	\$600	\$1200	-\$1050	-\$200	\$3,050	\$2,200
											<b>\$72,217</b>	<b>\$23,172</b>

This budget was developed based on the following assumptions:  
 (1) Rural ACTION participating hospitals are paying minimum of \$1200 per month for a T-1, Urban ACTION participating hospitals are paying minimum of \$1000 per month for a single cable connection and up to \$2800 per month for multiple cable connections, participating rural primary clinics are paying an average of \$150 per month for Time Warner Cable Business Class connectivity and participating Urban Clinics are paying an average of \$1200 per month for Time Warner Cable High-Speed connectivity.  
 (2) Estimated monthly recurring cost (MRC) per 10MB and 100MB Ethernet connections for years 1-4 paid by ACTION members at 15%; estimated MRC per 10MB and 100MB Ethernet connections for years 5-15 paid by ACTION members at 100%.  
 (3) ACTION estimates that: rural hospitals will save at least \$1,000 per month by utilizing the bandwidth to do remote telemedicine consults rather than bringing the specialists to their facilities and rural clinics will save \$400-\$600 per month in staff costs by utilizing the broadband network to more efficiently use their supporting hospitals resources. Urban hospitals will save at least \$500 per month by consolidating multiple lower-speed network connections into high-speed fiber/Ethernet virtual local area networks (VLANS) and urban clinics will save at least \$200 per month via network consolidation.  
 (4) ACTION estimates that: urban hospitals will increase revenue by at least \$1,200 per month through providing telemedicine consults to rural sites, rural hospitals will increase revenue by at least \$900 per month and rural/urban clinics will increase revenue by \$400-\$700 per month through the provision of new sub-specialty services, only available through remote telemedicine consults; increased use of Telemedicine applications; increased use of the fiber/Ethernet network to transport EMR/EHR records and imaging data.

**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.

**NOT APPLICABLE AT THIS TIME.**

**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.

NOT APPLICABLE AT THIS TIME.

**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.**

NOT APPLICABLE AT THIS TIME.