Quarterly Data Report Requirements

APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

WC Docket #: 02-60
Northwestern Pennsylvania Telemedicine Initiative

1. Project Contact and Coordination Information

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Organization that is legally and financially responsible for the conduct of activities supported by the award.

HAMOT HEALTH FOUNDATION

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

Representatives from the information systems departments at the primary hospital sites, as well as the satellite locations, communicate regularly with the Hamot Medical Center information systems department. All fiberoptic connections are in place. Bradford Regional Medical Center had merged with a New York State-based organization and delayed the decision as to whether or not the organization will proceed with this project. In December 2010, the connectivity to BRMC was completed and all systems are currently operational.

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.

   Hamot Medical Center
   201 State Street
   Erie, Pennsylvania 16550
   Erie County

Census Tract: 0004.00
RUCA: 1
814-877-6000
Not-for-profit, public and eligible

Bradford Regional Medical Center
116 Interstate Parkway
Bradford, Pennsylvania 16701
McKean County
Census Tract: 4204.00
RUCA: 4
814-368-4143
Not-for-profit, public and eligible

Kane Community Hospital
4372 Route 6
Kane, Pennsylvania 16735
McKean County
Census Tract: 4211.00
RUCA: 7
814-837-8585
Not-for-profit, public and eligible

Johnsonburg Health Center
81 Clarion Rd
Johnsonburg, Pennsylvania 15845
Elk County
Census Tract: 9905.00
RUCA: 7
814-837-4513
Satellite of Kane Community Hospital: Not-for-profit, rural health clinic, eligible

Kane Medical Park - Ridgway
225 South St
Ridgway, Pennsylvania 15853
Elk County
Census Tract: 9904.00
RUCA: 7
814-837-4513
Satellite of Kane Community Hospital: Not-for-profit, rural health clinic, eligible

Sheffield Area Medical Center
511 South Main St
Sheffield, Pennsylvania 16347
Warren County
Census Tract: 9712.00
RUCA: 5
814-837-4513
Satellite of Kane Community Hospital: Not-for-profit, rural health clinic, eligible

Charles Cole Memorial Hospital
1001 East 2nd Street
Coudersport, Pennsylvania 16915
Potter County
Census Tract: 9503.00
RUCA: 10
814-274-9300
Not-for-profit, public and eligible

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:

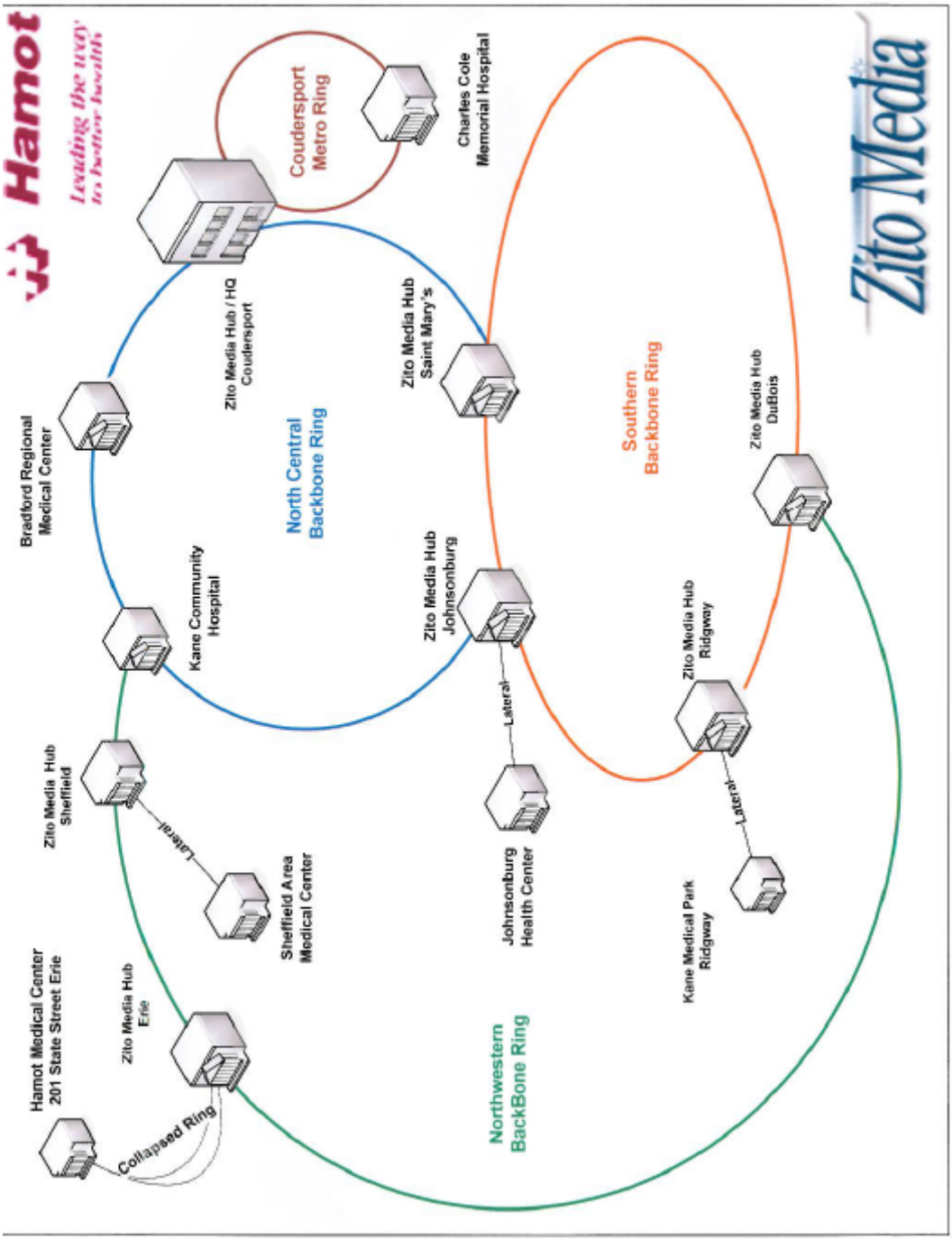
Zito Media Commercial Voice, LLC has provided a complete Optical WAN Data Connection from the telecommunication site at 201 State St, Erie, PA to the designated endpoints. The 201 State St, Erie location will have a 1 GIG connection. The following endpoints are served with a 100 MEG connection back to the 201 State St location: Kane Community Hospital, Bradford Regional Medical Center, Charles Cole Memorial Hospital, Kane Medical Park, Johnsonburg Health Center and Sheffield Health Center. The facility at 201 State St, Erie provides complete optical ring redundancy outside the city of Erie and throughout the distribution area. Redundant lateral is supplied into Kane Community Hospital, Bradford Regional Medical Center and Charles Cole Memorial Hospital. The remaining sites have been provided with a lateral from the local metro ring in the respective community.

b) Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds:

Zito Media Commercial Voice, LLC provided an Ethernet handoff at each location to connect to their local premise-based LAN networks.

Each of the three (3) hospital partner locations (Kane Community, Bradford Regional, Charles Cole Memorial) already have Zito Media Commercial Voice optical fiber built into their premises. Diverse optical laterals were supplied into their building. The three (3) remaining locations have lateral feeds either from the associated local Metro ring or directly out of the local hub (see diagram). The main termination site at 201 State St, Erie has a collapsed ring that travels underground in protected conduits to the local POP. The 201 State St, Erie location has a 1 GIG connection. The following endpoints are served with a 100 MEG connection back to the 201 State St location:

Kane Community Hospital, Bradford Regional Medical Center, Charles Cole Memorial Hospital, Kane Medical Park -Ridgway, Johnsonburg Health Center and Sheffield Health Center. All fiber is buried. The Erie fiber was built by Zito Media Commercial Voice after negotiations with a local provider failed. Zito Media Commercial Voice, LLC owns the McKean, Elk and Potter County infrastructure and last mile application. There were no additional fiber construction involved with this project. This project was not charged with the fiber build.



c) Explanation of how and where the network will connect to a national backbone such as NLR or Internet2:

At this point, there are no plans to connect to a national backbone such as NLR or Internet 2.

d) Number of miles of fiber construction, and whether the fiber is buried or aerial:

The Northwestern Pennsylvania Telemedicine Initiative leases existing fiber and that which was built by Zito Media Commercial Voice, LLC. The Northwestern Pennsylvania Telemedicine Initiative had no influence on the areas that were built. All fiber is buried. The Erie fiber was placed by Zito Media Commercial Voice after negotiations with a local provider failed. Zito Media Commercial Voice, LLC owns the

McKean, Elk and Potter County infrastructure and last mile application. There was no additional fiber construction involved with this project and the Northwestern Pennsylvania Telemedicine Initiative was not charged for that which was built.

e) Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

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.

All sites within this project have fiber connectivity physically in place. The interface equipment has been installed and configured at the Hamot Medical Center. Kane Community Hospital, Sheffield Area Medical Center, Johnsonburg Health Center and Kane Medical Park-Ridgway, Bradford Regional Medical Center and Charles Cole Memorial Hospital have been installed and are operational. There are no non-eligible health care provider sites in this project.

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 – no expenditures
b) Network Equipment, including engineering and installation – no expenditures
c) Infrastructure Deployment/Outside Plant – no expenditures
   i. Engineering
   ii. Construction
d) Internet2, NLR or Public Internet Connection – no expenditures
e) Leased Facilities or Tariffed Services (August, September, October 2011) – recurring costs

Base Regional and Local WAN 1 GIG backbone service:	$6244 per month ($18,732)
Hamot Medical Center 1 GIG collapsed ring connection:	$1245.27 per month ($3735.81)
Bradford Medical Center –Endpoint 100 MEG connection:	$669 per month ($2007)
Kane Community Hospital –Endpoint 100 MEG connection:	$669 per month ($2007)
Sheffield Medical Center–Endpoint 100 MEG connection:	$669 per month ($2007)
Kane Medical Park-Ridgway–Endpoint 100 MEG connection:	$669 per month ($2007)
Charles Cole Memorial Hospital–Endpoint 100 MEG connection:	$669 per month ($2007)
Johnsonburg Health Center–Endpoint 100 MEG connection:	$669 per month ($2007)

f) Network Management, Maintenance and Operation Costs (not captured elsewhere) – no expenditures
g) Other Non-Recurring and Recurring Costs - none

6. Describe how costs have been apportioned and the sources of the funds to pay them:
Hamot Medical Center is assuming the monthly 15% cost of this connectivity. Kane Community Hospital, Sheffield Medical Center, Johnsonburg Health Center and Kane Medical Park-Ridgway are all integrated affiliates of Hamot Medical Center, effective 11/09. Elk Regional Health Center and Charles Cole Memorial Hospital are clinical affiliates of Hamot Medical Center.

a) Explain how costs are identified, allocated among and apportioned to both eligible and ineligible network participants

Maintenance costs, repairs and the cost of running cable within each facility has been the responsibility of each respective hospital.

Hamot Medical Center supplied the initial start-up equipment for connectivity.

All participants are eligible network participants.

b) Describe the source of funds from:

i. Eligible Pilot Program network participants – The funds will be utilized and built into the operational budget of the organization.

ii. Ineligible Pilot Program network participants – There continue to be no ineligible participants at this point. If one should request participation, they would be responsible for their monthly "port access" fees.

c) Show contributions from all other sources (eg. Local, state, and federals 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. Hamot Medical Center applied for and received a RUS Distance Learning and Telemedicine Grant, a matching grant which will assist in the purchase of telemedicine –related equipment for the facilities but does not apply for connectivity.

ii. Identify the respective amounts and remaining time for such assistance: The final installment of $43,500 remaining to be utilized before November 3, 2011 has been submitted. The RUS Grant monies are only designated for equipment, not connectivity costs.

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. By receiving assistance with the ability to engage fiberoptic connectivity, the partner hospitals in the Northwestern Pennsylvania Telemedicine Initiative will be able to enhance their clinical capabilities and educational opportunities. The responsibility for the 15 percent of the cost provokes a greater desire to "make the network work" as everyone has a financial piece to uphold. As for the development of a telemedicine program, the quality of service provided to their respective communities will be improved and the likelihood of recruiting and retaining higher quality physicians for the areas will be improved. The community hospitals are able to stabilize or advance their bottom line to the hospital through revenue generated from these ancillary services.

Telemedicine connectivity has initiated discussions not only between Hamot Medical Center and the regional facilities but also among the regional facilities as well to explore synergies of care. The involved facilities have engaged in sharing resources such as physician expertise and disease management programs. More open communications and a shared network approach match the overarching goals of the Pilot Program.

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

At this point, we have no ineligible healthcare entities in our plans.

8. Provide on update on the project management plan, detailing:

The project and leadership team:

Steering Committee Members/Leadership:

John Malone	CEO, Hamot Medical Center
Gary Maras	Vice-President – Business Dev. Director, Hamot Heart Institute
Ed Pitchford	President/CEO, Charles Cole Memorial Hospital
J. Gary Rhodes	CEO, Kane Community Hospital

Overall Project Management:

<u>Hamot Medical Center/Medicor Associates/Northshore</u>

Valarie Jackson	Project Manager
Steve Glover	Manager, Information Systems
Benjamin Nagle	Information Systems

<u>Kane Community Hospital and Satellites</u>

Margaret Twidale	Information Systems
Dino Cherry	Information Systems

<u>Bradford Regional Medical Center</u>

Jason Yaworsky	Chief Information Officer, Upper Allegheny Health System (merged entity)

<u>Charles Cole Memorial Hospital</u>

Mark Close	Information Systems
Geoff Mazur	CIO

Also listed in our FCC application was a desire to connect to the State Correctional Institutions to provide telemedicine evaluation. Currently, these facilities utilize ISDN capability to connect with each other and there is no ability to place a T-1 line. Therefore, an ISDN line was obtained to allow for telemedicine consultation.

Project Task/Deliverable	Projected Completion Date	Explanation
Signed vendor contract	6/18/09	done
Zito Media complete fiber ring – McKean/Potter County	Kane, Johnsonburg, Sheffield, Ridgway Medical Park – “go	Done

	live" 6/09 Bradford Regional Medical Center – 3/10 Charles Cole Memorial Hospital – 3/10	 Done Done
Assessment of Fiber Assets in Erie	6/09	done
Network Engineering (Zito Media internal)	6/09	done
VPN connectivity/existing MPLS to establish and/or enhance telemedicine	Kane, Bradford Charles Cole – establish VPN Sheffield, Johnsonburg, Ridgway Medical Park	Maintain existing connectivity Done – 6/09 Done
Zito Media to contract with fiber lease provider, Sunesys for Erie ring connection	1/10	Failed. Zito Media decided to build their own "last mile"
Switch hardware for hand-off and optical conversion interface installation	2/10	Done 6/1/10
UPS power back up for respective endpoints	2/10	Done 6/1/10
Internal cabling for respective endpoints – responsibility of each facility	11/09	Done
Installation of base regional and local facility	11/09	Done 5/20/10
Installation of Hamot (Erie) endpoint – Zito Media	12/09	Done 5/20/10
Installation of Kane Community endpoint – Zito Media	12/09	Done
Installation of Sheffield endpoint – Zito Media	2/10	Done
Installation of Johnsonburg endpoint – Zito Media	1/10	Done
Installation of BRMC endpoint – Zito Media	2/10	Done
Installation of Charles Cole endpoint – Zito Media	1/10	Done
Installation of Kane Medical Park – Ridgway endpoint – Zito Media	3/10	Done
Project Management and VLAN assist to test endpoints	4/22/10	12/2/10 - last connection at BRMC - done
Initial internal IT design meetings were held to determine best options for connectivity, security, DMZ landing areas, and physical	6/1/10	Done

locations for equipment		
Firewall/VPN configurations (Cluster for Hamot end and each remote site)	8/23/10	Completed
Final validation of security for Kane connection (and all other sites as well)	9/14/10	Completed
Installation of switches for Hamot DMZ redesign	7/30	Done 7/30
Ship or deliver equipment to Kane for deployment	7/30/10	Done
Manage cutover of existing VPN connection to Zito fiber		Done 9/14/10
Power installation in Telephone switchroom for Zito equipment rack/switch		Done 9/17/10
Completion of fiber path from HHI to Telephone switch room		Done 9/10/10
Go Live – Erie site	5/10	Done 9/14/10
Go Live – Kane Community Hospital	5/10	Done 9/17/10
Go Live – Sheffield	6/10	Done 10/4/10
Go Live – Johnsonburg	6/10	Done 10/4/10
Go Live – BRMC	6/10	Done 12/2/10
Go Live – Charles Cole	6/10	Done 10/22/10
Go Live – Kane Medical Park - Ridgway	6/10	Done 10/6/10

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

The Telemedicine cost center at Hamot Medical Center has been recognized as an additional access point for specialty care and distance learning. Since the inception of the telemedicine pilot project in 2006, it has never been a revenue-generating cost center. Each year, monies are budgeted for capital and minor equipment, education, recurring telecommunications costs and equipment maintenance. Regional hospitals will realize revenue from additional testing from the specialty evaluations and disease management programs. Laboratory tests, x-rays, EKGs, holter monitors, event monitors, EEGs, and CT/MRI scans may be ordered.

The rural/regional hospitals will realize savings from less travel expenses and overnight accommodations associated with CME programs. Also, it has been noted that patients are more likely to remain at their home hospital as opposed to being transferred. With specialty expertise available via telemedicine, the local physicians are more comfortable caring for more acute patients in the rural hospital communities.

At this point, there are no plans to charge participating hospitals for telemedicine-specific services. Given the current economic climate, it makes the most sense to share those services – like distance learning – that are already prepared for programs at Hamot Medical Center. Hamot Medical Center has regularly scheduled Grand Rounds, Nursing Lunch and Learns and Respiratory education. Once the Pilot Program funding is exhausted, the regional hospitals will share the cost of the connectivity.

Rural Hospital Savings and Responsibilities

All three of the hospital systems participating in this project were looking for ways to better manage their costs, make an impact to their bottom line and align themselves with a larger hospital system. There are synergies of care and process that continue to be discussed as a result of the telemedicine connectivity. Each will help streamline patient care and reduce the duplication in services that each facility currently has. None of this would have been considered without the implementation of telemedicine connectivity link.

Each partner hospital, of course, provided space and renovations of that space to accommodate telemedicine activities. They also provided the personnel necessary to conduct the specialty evaluations. Each facility was responsible for preparing their facilities for the connectivity line – routers, inside wiring, etc.

Grants

In addition to the FCC grant, Hamot Medical Center was able to secure a RUS grant that provides funding for equipment necessary to provide consultations and distance learning. It is a matching grant – totaling $192,406 – that has been utilized to purchase videoconferencing equipment and peripheral devices. Because it is a matching grant, Hamot Medical Center has demonstrated purchases exceeding $192,406 in the telemedicine cost center. Hamot Medical Center will continue to pursue grants to ease the burden of providing telemedicine services.

Statement of Telecommunication Need and Current Experience

Presently, the connectivity is used to support the on-going telemedicine initiatives at each of the facilities. Kane Community Hospital, Charles Cole Memorial Hospital, Johnsonburg Health Center, Sheffield Medical Center and Kane Medical Park-Ridgway offer outpatient clinical evaluations (cardiology, neurology, nephrology, diabetes education, trauma follow-up, cardiovascular surgery follow up) and Bradford Regional Medical Center uses the technology in its cardiac catheterization laboratory. All utilize the technology to provide CME programming to the physicians, nursing staff and allied health professionals. A monthly schedule is produced and forwarded to the respective health provider. Echo CME programs are held monthly with members of each hospital participating. The management teams area also using the technology on a weekly basis to conduct strategic planning sessions. The regional hospitals are maximizing their excess capacity in specialty areas and diagnostic services by offering services through telemedicine. The hospital systems are utilizing the technology between them to provide better access to medical specialties in the region. Sleep medicine has been regionalized with the assistance of this network. Studies are performed at each respective hospital and the information is transmitted back for interpretation.

Hamot Medical Center and the other regional hospitals involved with this grant are now preparing to implement a tele-stroke program as a result of connectivity. A dermatology program is also being investigated.

Medicaid Transportation Savings

Rural patients will save both time and money by eliminating the need to travel in order to receive healthcare consults. Because telemedicine improves access to a broad range of specialists and provides standardization of care, a substantial amount of medical care and services can be offered in the rural communities. Having the local care and service will also help to reduce the governmental expense related to the Medical Assistance Transportation Program (MATP).

Rural patients and healthcare insurance may potentially save countless dollars by allowing patients to participate in prevention and wellness clinics that are not currently available to them. These clinics would help them manage chronic ailments such as heart disease rather than waiting until more drastic (and expensive) treatment is required.

Prison Health Contract

An agreement with the State Correctional Institution (Prison Health Systems) has been completed and will allow telemedicine evaluations to begin between specialists at Hamot Medical Center and the various State Correctional Institutions across Pennsylvania. Indirect procedural revenue from these evaluations (cardiac catheterization / intervention, electrophysiological studies, cardiac surgery) will help to off-set the cost of the ISDN connectivity necessary to conduct the evaluations.

SUMMARY

Cost savings will be realized by the rural hospitals and communities:

- Travel for CME will be reduced or entirely eliminated, providing tremendous cost savings for our rural healthcare sites
- Network management and infrastructure will be provided by Hamot Medical Center, ensuring successful connectivity and participation by the end user sites, without additional expense on their part
- Rural patients will save both time and money by eliminating the need to travel in order to receive healthcare consults
- Rural patients will potentially save countless dollars by participating in prevention and wellness clinics, helping them to manage chronic ailments such as heart disease rather than waiting until more drastic (and expensive) treatment is required
- Clinical and back-office functions may be shared among Hamot Medical Center and the rural hospitals
- Local care can continue to be provided locally rather than sending patients out of town
- Partnership with a tertiary care center

Community benefits that may be realized:

- Telemedicine connectivity will allow access to specialists which they do not currently have
- Disease management programs
- Community educational programs

Rural providers will benefit by:

- The availability of continuing medical education (CME)
- Reduced isolation
- Recruitment and retention of rural healthcare workers

The Northwestern Pennsylvania Telemedicine Initiative will strengthen the connection between rural community hospitals and their satellite facilities and Hamot Medical Center. There has been a long-standing relationship for over a decade with each of these facilities and, in the face of the economic crisis, sharing related services (where applicable) and resources makes good business sense. The implementation of telecommunication lines has greatly enhanced the ability to share these services and resources. Significant cost reductions for the rural community hospitals have been demonstrated for projects occurring across these lines. Coupled with savings that may be realized from reduced travel for CME and the revenue generated from specialty clinic testing, the rural community hospitals find the telemedicine initiative beneficial. Hamot Medical Center will enjoy a more solid relationship with the community hospitals and staff. Each of these above-named benefits is a strong reason to continue to sustain the services after the FCC grant is complete.

10. Provide detail on how the supported network has advanced telemedicine benefits:

There are three main goals and objectives of this proposed network:

- ☐ To improve access to a broad range of nationally recognized medical specialty services and help provide standardization of care for patients. A significant amount of the medical care and services can be offered in the rural communities, saving patients time and money. To date, cardiology, neurology, plastic surgery, nephrology, cardiovascular surgery, trauma, and neurosurgery consultations are provided across this network. Personal nutrition coaching and diabetes management have also been provided.
- ☐ To use telemedicine to encourage physicians, nurse, and allied health professionals to establish practices and services and remain in the rural communities. Telemedicine provides increased collaboration and support by peers and improves access to quality continuing education opportunities. This objective has already resulted in a tremendous recruitment advantage. There are currently no open positions for primary care or specialty medicine at Charles Cole or Kane Community Hospital.
- ☐ Telemedicine alleviates some of the financial burden on rural community hospitals having to recruit specialists to their facility.
- ☐ Promotes the cooperation of smaller community hospitals to share services. At present, the hospitals involved in this project are cooperating on several levels – providing education and consultative services (urology) across the telemedicine network. They are also cooperating on a needs assessment plan and investigating other potential grant opportunities, meeting across the telemedicine network.
- ☐ Allows for the transmission of diagnostic studies. Currently, echocardiograms, nuclear studies and EKGs are being transmitted in the absence of qualified physicians at the rural hospital locations.
- ☐ Enables sharing of back-office functions, after-hours pharmacy coverage, etc for the rural community hospitals. Kane Community Hospital is participating in after-hours pharmacy, which has resulted in a significant cost savings for their organization.

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

Rural health care providers have access to various specialists and medical libraries of Hamot Medical Center through the telemedicine connectivity. Grand rounds events and requested trainings are held at Hamot with participants from each of the facilities joining. The live interaction allows participants to take part in the program without having to travel. A recent affiliation with University of Pittsburgh Medical Center brings a wealth of other opportunities for connectivity to these resources.

…enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

The network enables the health care system to receive current information in the event of a national crisis. Hamot Medical Center has a command center location for the dispatch of information to the emergency crews, firemen and police. Physicians, nursing staff and administration will be able to communicate regarding emergency situations across the telemedicine network if regular communication methods should fail. Preparation for epidemic situations has already started between the regional network participants as discussions have started to take place. "Face to face" interactions will only enhance this involvement.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:
Providers may access information about their patients in a couple of manners. When in consultation with a patient, the provider may view medical records, laboratory values, x-rays across the encrypted network during the evaluation. He/she may also be able to log in to the hospital EMR with the designated user name and password provided. The various participants in this network are at different stages of "meaningful use".

Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary The telemedicine program allows the various health IT systems to be utilized throughout the network. Although truly not interoperable, this is a step in the right direction for accessing health information records needed for the treatment of mutual patients. Discussions have begun among the leadership teams at each organization to determine the "next steps" towards aligning technologies, electronic medical records, etc. Kane Community Hospital and Charles Cole Memorial Hospital recently purchased EKG equipment that aligned with Hamot's in an effort to create interoperability. EKG interpretation was cited as a need for these institutions and now the capability exists for Hamot cardiologists to read the EKG and transmit it back to the respective hospital for inclusion within the medical records system. This was accomplished because of the connectivity. We are currently working on a similar solution for echocardiograms.

Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology N/A

Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations. N/A

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. The HIE Evaluation Toolkit was utilized as a resource.

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 The planning checklist from the website has been reviewed. Articles regarding the above have been evaluated. The implementation team has collaborated with Hamot's command center team to work with the regional hospitals to facilitate this initiative. New specialty resources – emergency medicine and trauma – have started to participate in the telemedicine initiative, thus linking the regional hospital emergency rooms in the event of a pandemic event or public hazard.

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. The Public Health Emergency Exercise Toolkit has been reviewed.

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. Physicians, nursing staff and administration will be able to communicate regarding emergency situations across the telemedicine network. Preparation for epidemic situations has already started between the regional network participants as discussions have started to take place. "Face to face" interactions will only enhance this involvement.