

**Network: NY Community Broadband Partnership
FCC Healthcare Connect Program**

NY Community Broadband Partnership (NYCBP)

Network Plan

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I. Goals/Objectives:

The NYCBP is currently a consortium of 3 Federally Qualified Health Centers including Finger Lakes Migrant Health Care Project, Inc. (lead agency), ConnexCare (formerly NOCHSI) (member agency), and Southern Tier Community Health Center Network, Inc. (dba Universal Primary Care [UPC])(member agency) as well as 2 Mental Health providers in Finger Lakes Area Counseling & Recovery Agency (FLACRA) (member agency) and CASA-Trinity, Inc. (member agency). There are 10 clinics, 1 off-site data center and 1 off-site administrative office in the FCC Healthcare Connect Fund (HCF) Program representing the FLMHCP facilities. There are 6 Health Center sites in the FCC Healthcare Connect Fund (HCF) Program representing the ConnexCare (formerly NOCHSI) facilities. There are 7 Community Mental Health Center sites in the FCC Healthcare Connect Fund (HCF) Program representing Finger Lakes Area Counseling & Recovery Agency (FLACRA) facilities. There are 5 Community Mental Health Center sites in the FCC Healthcare Connect Fund (HCF) Program representing CASA-Trinity, Inc. facilities. There are 5 Health Center sites in the FCC Healthcare Connect Fund (HCF) Program representing Southern Tier Community Health Center Network, Inc. (dba Universal Primary Care [UPC]).

It is the vision of NYCBP to enable a set of standard broadband connection services throughout our facilities (including future members of NYCBP) that will facilitate any healthcare location in NYCBP to have health information services with any other healthcare location within our consortium and ultimately, to interconnect with other health care providers regionally and nationally, facilitated over a robust and reliable broadband network.

The connectivity provided through the enhanced broadband infrastructure will continue to build member capacity to health information services and telemedicine services including upgrades to service as necessary. NYCBP is requesting services for its members that currently do not have adequate telecommunication capacity to handle facility demands.

II. Strategy for aggregating the specific needs of HCPs (including providers that serve rural areas) within a state or region:

The strategy will leverage the existing clinical and administrative partnerships that FLMHCP has in rural NY State with hospitals, community health centers, regional health information organizations and other local non-profit partners to aggregate demand for telehealth and related healthcare technology services over a robust and reliable broadband network.

This approach will further facilitate collaboration and cooperation among the consortium partners in seeking other funding opportunities to develop a statewide telehealth and health information network.

III. Strategy for leveraging existing technology to adopt the most efficient and cost effective means of connecting those providers:

Based on our previous experience as a member in the pilot Rural Health Care Broadband Program, we seek to utilize secure high-speed Internet services offered by existing Internet

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Services Providers (ISPs) to allow our member organizations to bring affordable and timely access to healthcare in rural communities.

The terminating network equipment for the broadband connections will meet the industry standards for interconnection and interoperability.

The best practices for network management and monitoring, as well as for network redundancies will be required from our ISPs.

IV. How the broadband services will be used to improve or provide health care delivery:

As stated earlier, the objective of the NYCBP is to leverage broadband connectivity to enhance and expedite collaboration among our healthcare partners to deliver affordable, timely and quality healthcare in the underserved regions of NY State. The discounted pricing for broadband services for our partners will provide a huge step forward in realizing our objective. Further, we can layer telehealth and health information exchange services on top of the proposed broadband network to facilitate our goals. The overall impact of these initiatives will (1) improve quality of rural healthcare by connecting urban hospitals with rural health centers, (2) improve access by reducing the distance travelled and time away from work for the rural patients, and (3) increase affordability by reducing the added costs of transportation incurred by the rural patients for accessing quality healthcare.

V. Previous experience in developing and managing health IT (including telemedicine) programs:

Since 2008, FLMHCP, the lead agency in NYCBP, has been a member of the WNY Rural Broadband Healthcare Network, started through the RHC Pilot Program by the FCC. During this time, FLMHCP has also built the Finger Lakes Telehealth Network for telemedicine and distance learning applications through funding from the USDA Distance Learning and Telemedicine grant and HRSA Network Development grant.

The management and partners involved with this project have extensive experience in implementing projects that leverage and integrate technology in rural clinical settings and in developing regional partnerships in building innovative clinical programs through the use of telemedicine and health information exchange.

VI. Project management plan outlining the project's leadership and management structure, and a work plan, schedule, and budget:

The NYCBP program staff includes 4 staff members with 30 years' combined experience with project implementation and management whose primary responsibilities are to:

- Conduct market assessments and implement marketing plans to expand services.
- Lead site development, contracting, and training.
- Promote awareness of telemedicine and healthcare technology as an option by physicians and members in the community.

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- Conduct analysis of regional needs and specialty referral patterns to target prospective sites, and identify non-performing sites’ implementation plans to mitigate utilization-related issues and eliminate barriers to utilization of program.

Supporting the core NYCBP team will be a Business Advisory Board (comprised of members from partnering institutions) and a Technical Advisory Board (comprised of CIOs from partnering institutions). This core team will explore all aspects of coordination of the activities associated with developing the framework of the Network design and implementation plan. The following is a list of key tasks to be handled by the project team:

- Develop a membership governance framework for the consortium;
- Individual partner facility assessment;
- Continuing review of the broadband and technical specifications for the Network; and
- Researching the service providers and their facility layout in the region.

After vendors are selected, a detailed plan will be tracked and managed by the Consortium Project Coordinator and Member Project Manager and will become an integrated piece to the final contract for services. Weekly updates will ensure that all stakeholders are involved with the progress and cost monitoring of the project.

Project Work Plan:

Actions	Timetable	Responsible Party
1. Review RFP responses to find the most cost-effective solution	Conclude 30 days after RFP posting period completion	Team
2. Select vendor	Conclude 30 days after RFP posting period completion	Team
3. Build implementation teams	1 week	Team
4. Implementation	6-8 months	Team Leads
5. Testing	2 weeks	Team Leads
6. Training	1 week	Install Experts
7. Go-live Planning	30 days	Team Leads

Budget:

The annual amount budgeted for broadband services for the FLMHCP site in the RFP is \$8,820 as detailed in Table 1.1 below. The annual amount budgeted for broadband services for all of the FLACRA sites in the RFP is \$6,720, as detailed in Table 1.2 below. The annual amount budgeted for broadband services for all of the UPC sites in the RFP is \$36,729, as

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detailed in Table 1.3 below.

NYCBP plans to collect an annual subscription fee from its members for all the administrative costs of managing the partnership.

FLMHCP Sites – Table 1.1

Primary & Redundant Service for 1 site					
HCP #	Name	Type of Service	Projected 12 month Broadband Expenses	65% Discount from HCF	35% Budgeted Expense for Broadband
15250	Sodus Community Health	Primary	\$12,600.00	\$8,190.00	\$4,410.00
15250	Sodus Community Health	Redundant	\$12,600.00	\$8,190.00	\$4,410.00
Grand Total of Projected 12 Month Broadband Expenses after HCF Discount					\$8,820.00

The 35% of expenses for each of the FLMHCP sites above will come from the operating budget for that site, which is funded by patient revenues.

FLACRA Sites – Table 1.2

HCP #	Site Name	Projected 12 month Broadband Expenses	65% Discount from HCF	35% Budgeted Expense for Broadband
60399	28 E Main St, Clifton Springs	\$4,800.00	\$3,120.00	\$1,680.00
60400	Ontario Outpatient Clinic	\$4,800.00	\$3,120.00	\$1,680.00
60404	FLACRA Mental Health Services	\$4,800.00	\$3,120.00	\$1,680.00
60411	Watkins Glen Outpatient Clinic	\$4,800.00	\$3,120.00	\$1,680.00
Grand Total of Projected 12 Month Broadband Expenses after HCF Discount				\$6,720.00

The 35% of expenses for each of the FLACRA sites above will come from the operating budget for each site.

UPC Sites – Table 1.3

HCP #	Site Name	Projected 12 month Broadband Expenses	65% Discount from HCF	35% Budgeted Expense for Broadband
108274	UPC - Olean	\$20,988.00	\$13,642.20	\$7,345.80
108275	UPC - Salamanca	\$20,988.00	\$13,642.20	\$7,345.80
108276	UPC - Cuba	\$20,988.00	\$13,642.20	\$7,345.80
108277	UPC - Houghton	\$20,988.00	\$13,642.20	\$7,345.80
108278	UPC - Bradford	\$20,988.00	\$13,642.20	\$7,345.80
Grand Total of Projected 12 Month Broadband Expenses after HCF Discount				\$36,729.00

The 35% of expenses for each of the UPC sites above will come from the operating budget for each site.