

## **FCC Rural Health Pilot OSCnet / OSC Network Approach**

### **Name of RHCPP Participant(s)**

Holzer Consolidated Health System (HCHS)  
Northeast Ohio Regional Health Information Organization (NEORHIO)  
Southern Ohio Health Care Network (SOHCN)  
West Virginia Telehealth Alliance (WVTA)

### **Brief description of RHCPP Project(s)**

Three in State projects were awarded \$27M from the FCC to improve rural healthcare in 37 counties in Ohio. In addition to these projects one out of state project named OSC as its local connector for accessing Internet 2. The networking approach will be layered starting initially with the local layer, which will deploy community based health networks aimed at delivering broadband connectivity to and between the local community healthcare providers. The second layer is the state level, which in Ohio is unique, as the State in concert with private sector has implemented a broadband backbone network designed to reduce the cost of deploying broadband services. Under Governor Strickland's broadband plan the statewide interconnectivity is funded by the state, and should be able to significantly reduce the cost for the 37 county healthcare network, while contributing significantly toward the sustainability of network. The final layer is national health network. Current plans are to offer Internet2 connectivity to all participants through our Local Connector, which is already delivering services through the statewide backbone. As stated previously using the state backbone to provide access to the national health network will also reduce costs and contribute significantly to the overall sustainability of the network. The State network also passes through West Virginia, which will allow WVTA to gain affordable access to the Internet2 and consequently the national network through our Local Connector.

### **Brief Description of the Challenges**

Matching funds are a significant challenge to the rural communities, especially when added to the cost of project management, which is also not covered under pilot program. The service option selected as the means to deliver service significantly impacts the effect of the matching funds. For example upfront investment in the cost of a fiber based service of \$1,000,000 would require \$150,000 in matching funds, whereas a monthly service option, if available for a connection might be \$1,000 per month and require a matching contribution of \$150. The community's available infrastructure will determine their choice of options. A second challenge is to plan for the post pilot program sustainability. This includes determining if the services acquired can be converted to the regular FCC Rural Healthcare Program and at what subsidy level.

### **Approach to Meeting these Challenges**

The State has committed to working with Pilot Projects to identify possible sources of funding to reduce the burden of the matching funds and project management costs. We are utilizing the existing State network wherever possible to reduce the statewide connectivity costs and to focus the Pilot Project dollars on expanding local

connectivity. We have also committed to expanding the opportunity in the local communities beyond healthcare to drive the development of broadband access by the common carriers in these areas. This effort is designed to encourage the Common Carriers to offer broadband services in the rural area that can be converted to the regular FCC Rural Health to further improve the long term sustainability of the program.

**Other Information of Interest**

Although the FCC Pilot Program is limited to healthcare, we see this as an opportunity for communities to identify their broadband requirements and collaborate with the healthcare providers to create an environment to attract Common Carriers. By demonstrating the magnitude of the potential client base, it will encourage these companies to invest in the area and offer affordable broadband services.

**Submitted by**

OSC

**Date**

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