Rocky Mountain HealthNet

APPLICATION
**Pilot program to examine how the Rural Health Care funding mechanism can
be used to enhance public and non-profit health care providers' access
to advanced telecommunications and information services.**

Executive Summary

Rocky Mountain HealthNet represents **183** healthcare providers in Colorado.
This extensive alliance was formed for the purpose of responding to the FCC
Pilot Program in an effort to gain access to telemedicine services through a new
broadband regional network.

Our partner, Rural Health Telecom, a division of Koxlien Communications, Inc.,
exclusively supports rural healthcare providers with telecommunications
network products and services. Since 1999, the company has focused on
providing support to rural healthcare providers seeking to obtain Universal
Services Funds. Past and present clients range from smaller rural clinics to
community and regional medical carriers. RHT offers support for WAN services
such as ATM, Frame Relay, Internet Access, Private Router Networks, Internet
VPN and related services.

RHT works with telemedicine networks that include interactive video, PACS, Internet, voice and administrative data. Representing many telecommunications carriers that support rural healthcare under the Rural Health Care Support Mechanism, RHT designs WAN networks that offer a wide range of features and benefits. RHT also provides support in facilitating the healthcare provider through the USAC – Rural Health Care Support Mechanism.

1. Legal and Financial Responsibility

Each member of <u>Rocky Mountain HealthNet</u> is legally and financially responsible for any funded telecommunications, advanced telecommunications and information service terminated at their locations. The sites included in this proposal are outlined in item 6.

2. Goals and Objectives

Research has confirmed that the FCC's Rural Heath Care program, funded through the Universal Service Fund, is significantly underutilized by rural health care providers. The goals of the Pilot Program and the objectives of our application are to provide funding to support the construction of regional broadband networks and information services associated with those networks.

There are a number of factors that may explain the underutilization of this important fund. As stated in the Pilot Program Order, there continues to be a lack of broadband access facilities. However we do not believe that the primary reason for underutilization of funds is the lack of broadband access in rural America.

Private telecommunications services are available in virtually every jurisdiction in the United States. Observations over the past 8+ years have rarely shown infrastructure facility problems interfering with implementation of a service such as a T1 in rural America. We recognize that there will be a need to upgrade infrastructure to increase bandwidth beyond T1 speeds. However, rural America has yet to catch up with the IT technical skills needed to support medical services that may rely on these higher speeds.

This fact supports the relevance and importance of our proposal. It is our goal to deploy a network using today's technology that will use the existing infrastructure of many telecommunications service providers. With nominal funding, we believe that our proposal can have a significant impact on our ability to provide and support the medical services that need to be deployed today. This accomplishes two objectives. Many rural healthcare providers will quickly be connected to world-class information and image management capabilities and will be poised to take advantage of leading edge technology that otherwise would take years to access. We believe that this is consistent with the FCC's pilot program's objectives

It is most likely the FCC's effort to address the underutilization of this fund by implementing a pilot program has significantly increased awareness of the Rural Health Care Support Mechanism. As important as it is to make the funding process administratively easier for rural health care providers, the heightened awareness and the possible expansion of the list of services available for funding will result in a significant increase of fund utilization.

Initially, our application will create a regional broadband network in the state of Colorado

Because of the significant number of members included in the Rocky Mountain HealthNet, we believe that this proposal provides excellent value to the funding mechanism. There is extensive participation by rural health care providers that will aggregate their specific service needs while leveraging existing technology to adopt the most efficient, effective and cost-conserving means.

Healthcare providers in the state of Colorado have historically underutilized the Rural Health Care Support Mechanism. *In FY2005 a total of 30 healthcare providers from Colorado filed Form 465s. Most importantly, of those 30 healthcare providers only 15 have been funded. The numbers for FY2006 reflect a further reduction in participation with only 18 filings.*

While this proposal may be a more conservative approach to fund utilization, we believe that the true measure of success will be a higher level of participation and not the amount funded. Additionally, this participation must quickly provide world-class medical management tools in order to make the health care providers more effective. We have a large number of public and non-profit healthcare providers participating in this proposal with a significant

representation from rural Colorado. The value that we outline in this proposal is most definitely in the public's interest.

The Rocky Mountain HealthNet USAC –
Rural Health Care Support Mechanism History

If this proposal is accepted, it would be the first time any of the rural members of this consortium would receive FCC funding. This consortium represents a significant increase in funding requests from the state of Colorado.

Consortium:
        183 members
        82 Elilgible rural healthcare providers
        101 Urban public and for-profit healthcare providers

We are requesting support under the Pilot Program for several reasons. First, individually we do not have the financial resources and personnel to provide the FCC with this business proposal on our own. We have chosen to combine our resources in an effort to not only take advantage of this funding for telecommunications services, advanced telecommunications services and information services under the Pilot Program, but also for the benefit of group purchasing of information services such as inter-active video, picture archival communications systems (PACS), electronic health records, healthcare administrative systems, radiology, psychiatry and many others.

Through our network, we as a group have the opportunity to gain access to services at a lower cost than if we were to purchase them individually. For example; we can deploy an electronic health records system (information service) over this network through an array of providers. Electronic health records companies will spread the cost among the consortium members. We believe that this aligns our goals with the President's EHR initiative.

The regional network we propose includes services provided by rural incumbent local exchange carriers, long distance carriers, competitive local exchange carriers, regional carriers and others in the industry. The service provider participants are:

        Qwest Communications
        AT&T

Verizon
CenturyTel
Three Rivers Telecommunications
TeleQuality Communications
Time Warner Telecom
Mammoth Networks

Internet2

This proposal does take into account the opportunity to gain access to Internet2. However, the consensus from consortium members is that there is currently no need for this connectivity. The network design does accommodate future access to Internet2.

Network Design

The network is truly a "Healthcare" network dedicated to healthcare providers and the entities that provide support services. It is a private secure network that meets all HIPAA compliance requirements for transmitting voice, data and video from one participant to another.

Some of the consortium members have minimal Internet or telecommunications services in place today. Many different telecommunications technologies are applied in these networks. VPN technology over the Internet commonly is used because of lower cost. However VPNs do not offer the quality of service necessary to handle the significant bandwidth requirements of many of the applications such as picture archival communications systems, teleradiology, electronic health records, MRI and CTSCAN. VPN technology also places an additional network support burden on the healthcare provider's IT administrator. Other technologies such as frame relay, ATM, MPLS, private lines and others provide the needed quality of service, yet have cost considerations that must be taken into account by the rural healthcare provider.

Our network provides consortium members with an infrastructure that can be used to transmit voice, data and video among one another as well as across a broader private network and the public Internet. The design also provides access to information service providers that can deliver services on one network.

Healthcare Support Service Vendors available on the HealthNet:

Nighthawk Radiology Services:
NightHawk Radiology Services is the world's leading provider of radiology services for hospitals, clinics and imaging centers across America. NightHawk is a radiology coverage pioneer, with years of experience in radiology and teleradiology, as well as an accreditation by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

American Healthnet – EMR:
Headquartered in Omaha, NE, American Healthnet has been in operation since 1980 and has been providing enterprise information systems to various community healthcare facilities. More than 200 facilities which include hospitals ranging from 15 to over 200 beds, physician clinics, laboratories and nursing homes in the U. S. have benefited from our software solutions. Our software has provided the ability to efficiently manage the critical information flows and decision processes that assure quality and cost effective patient care.

Deaflink:
Deaf Link® utilizes state of the art technology and American Sign Language (ASL) interpreters who are national and state certified for the purpose of providing "clear communication" access for your deaf consumers or employees.

We have developed a time effective and cost efficient solution for effective communication access as required by the Americans with Disabilities Act (ADA) as it relates to the estimated 28 million + deaf and those having hearing disabilities living in the United States. This service is provided to our customers through the internet and is available on a 24/7 basis.

Who Needs Access For The Deaf?

Most businesses, state and local governmental authorities that deal with the public are covered under the American with Disabilities Act of 1990. The ADA covers not only the population that is physically handicapped but it also covers the population who are deaf or have hearing disabilities.

The Department of Justice indicates that there are over five million facilities/business that fall in the category of "Places of Public Accommodation" (Title III) and are mandated by federal law, the ADA, to be accessible to the deaf and people with hearing disabilities. These entities must provide "auxiliary aids"

that provide "effective communication" for people who are deaf or have hearing disabilities.

Community Research Center – EMR

Access to Therapy –

SIP Video

VoIP Long Distance

Most locations on the network will gain access through ethernet connectivity. Information technology expertise is scarce throughout rural America. Ethernet technology provides an ease of management. Most small rural health care locations do not have the resources to support the technology needed to deploy many of the needed medical services. Typical workstation problems translate into a very significant administration problem in rural America. The fact that there are great distances between sites exacerbates an already difficult support issue. By deploying ethernet, health care providers can more easily take advantage of advanced services with minimal telecommunications expertise.

3. Estimated Network Costs

Total Network Costs: 12 Month Overview

Non-recurring Installation Charges:	$366,000.00
Monthly Recurring Charges:	$2,196,000.00
Infrastructure Buildout:	$450,000.00
Total Network Costs	**$3,012,000.00**

Equipment: Routers and Multiplexers $750,000.00*
*The consortium is requesting funding for above equipment in this proposal. The pilot program Order is silent on the availability of funds for equipment. The network funding request is not predicated on the funding of equipment.

4. Fair-Share Payments by For-Profit Entities

Currently there are no for-profit healthcare provider members in our alliance. As for-profit entities are included into the Rocky Mountain Healthnet, they will be invoiced separately for each service item. These invoices will be provided directly to the for-profit participant. USAC will receive invoice documentation that reflects eligible rural health care providers only.

5. Source of financial support and anticipated revenues that will pay for costs not covered by the fund:

All participants have some type of access to the Internet or private telecommunications services today. The costs for the rural participants can be quite high for the nominal service they currently receive. The costs for services outlined in this proposal will be replacing those existing services and each participant will provide funding under their general operating budget for the approximately 15 percent of remaining costs.

6. Health Care Facilities Included in the Network;

Sycare
 - SE Mental Health Services
 - Pikes Peak Mental Health Center
 - Spanish Peaks Mental Health Center
 - San Luis Valley Comprehensive Community Mental Health Center
 - West Central Mental Services

InNet
 - Arapahoe/Douglas Mental Health Network
 - Jefferson Center for Mental Health
 - North Range Behavioral Health
 - Aurora Mental Health Center
 - Mental Health Center Serving Boulder and Broomfield Counties
 - Community Reach Center
 - Behavioral Healthcare, Inc.
 - Foothills Behavioral Health, LLC
 - Northeast Behavioral Health
 - Midwestern Colorado Mental Health Center
 - Colorado West Regional Mental Health Center
 - Southwest Colorado Mental Health Center

San Luis Valley Medical Regional Center
Conejos County Hospital
Rio Grande Hospital
Gunnison Hospital
Heart of the Rockies Regional Medical Center

7. Address, zip code, Rural Urban Commuting Area (RUCA) code and phone number for each health care facility participating in the network;

Eads Mental Health Clinic Satellite
Office
1208 Luther
Eads, CO 81036
Ph # 719-335-7501
Ruca Code # 10.0

Springfield Mental Health Clinic
1048 Kansas
Springfield, CO 81073
Ph # 719-336-7501
Ruca Code # 10.0

Mental Health Day Treatment Clinic
1310 Chinook Lane
Pueblo, CO 81001
Ph # 719-595-1322
Ruca Code # 1.0

Mental Health Acute Treatment Unit
1302 Chinook Lane
Pueblo, CO 81008
Ph # 719-545-2746
Ruca Code # 1.0

Pueblo Mental Health Clinic
2003 East 4th St
Pueblo, CO 81001
Ph # 719-544-6373
Ruca Code # 1.0

Pueblo Mental Health Clinic
1012 West Abriendo
Pueblo, Co 81003
Ph # 719-583-2207

Washington County
871 E 1st Street
Akron, CO 80720
Ph # 970-345-2254
Ruca Code # 10.0

Washington and Yuma Counties
340 Birch Street
Wray, CO 80758
Ph # 970-332-3133
Ruca Code # 10.0

Southwest Colorado Mental Health
Durango Counseling Center
281 Sawyer Drive, Suite # 100
Durango, CO 81301
Ph # 970-259-2162
Ruca Code # 4.0

Day Treatment
2390 N. Main Room # 109
Durango, CO 81301
Ph # 970-259-1630
Ruca Code # 4.0

New Day Clinic
1474 Main Street
Durango, CO 81301
Ph # 970-259-5820
Ruca Code # 4.0

Detox
3801 N. Main
Durango, CO 81301
Ph # 970-259-8732

Ruca Code # 1.0

Administrative Offices and Primary
Health Center
1304 Chinook Lane
Pueblo, CO 81001
Ph # 719-545-2746
Ruca Code # 1.0

Westcliffe Mental Health Clinic
704 Edwards Street
Westcliffe, CO 81252
Ph # 719-275-2351
Ruca Code # 10.0

Center Mental Health Clinic
260 Worth Street
Center, CO 81125
Ph # 719-754-3927
Ruca Code # 10.0

Secondary POP
301 North Main Street, Suite 205
Pueblo, CO 81003
Ruca Code # 1.0

Administrative Offices
3224 Independence Road
Canon City, CO 81212
Ph # 719-275-2351
Ruca Code # 4.0

Primary
609 Main Street
Alamosa, CO 81101
Ph # 719-589-3671
Ruca Code # 7.0

Rocky Ford Mental Health Clinic
903 South 12th

Ruca Code # 4.0

Stepping Stone
2912 Richard Drive
Durango, CO 81301
Ph # 970-259-5681
Ruca Code # 4.0

Cortez Counseling Center
215 West Arbecam
Cortez, CO 81321
Ph # 970-565-7946
Ruca Code # 7.0

Pagosa Springs Counseling Center
475 Lewis Street # 104
Pagosa Springs, CO 81147
Ph # 970-264-2104
Ruca Code # 10.0

Colorado West Regional Mental Health
Aspen Outpatient Clinic
0405 Castle Creek Rd # 9
Aspen, CO 81611
Ph # 970-920-5555
Ruca Code # 7.0

Granby Outpatient Clinic
1023 County Road 610
Granby, CO 80446
Ph # 970-887-2179
Ruca Code # 10.0

Eagle Outpatient Clinic
137 Howard Street
Eagle, CO 81631
Ph # 970-328-6969
Ruca Code # 4.0

Rangely Outpatient Clinic

Rocky Ford, CO 81067
Ph # 719-384-5446
Ruca Code # 7.0

Las Animas Mental Health Clinic
623 Carson Avenue
Las Animas, CO 81054
Ph # 719-384-5446
Ruca Code # 7.0

Lamar Mental Health Clinic
3500 1st Street South
Lamar, CO 81052
Ph # 719-336-7501
Ruca Code # 7.0

Administrative Offices
710 Barnes Avenue
La Junta, CO 81050
Ph # 719-384-5446
Ruca Code # 7.0

Walsenburg Clinic
926 Russell
Walsenburg, CO 81089
Ph # 719-738-2386
Ruca Code # 7.0

Trinidad Clinic
417 South Indiana
Trinidad, CO 81082
Ph # 719-846-4416
Ruca Code # 7.0

Salida Mental Health Clinic
111 Vesta Road
Salida, CO 81201
Ph # 719-539-6502
Ruca Code # 7.0

17497 Hwy 64 Annex Building
Rangely, CO 81648
Ph # 970-675-8411
Ruca Code # 10.0

Rifle Outpatient Clinic
2128 Railroad Ave., Suite 5
Rifle, CO 81650
Ph # 970-625-3582
Ruca Code # 7.0

Meeker Outpatient Clinic
267 Sixth Street
Meeker, CO 81641
Ph # 970-878-5112
Ruca Code # 10.0

Frisco Outpatient Clinic
360 Peak One Drive
Frisco, CO 80443
Ph # 970-668-3478
Ruca Code # 4.0

Vail Outpatient Clinic
395 E. Lionshead Circle
Vail, CO 81657
Ph # 970-476-0930
Ruca Code # 4.0

Walden Outpatient Clinic
404 4th Street
Walden, CO 80480
Ph # 970-723-0055
Ruca Code # 10.0

Steamboat Springs Outpatient Clinic
407 S. Lincoln Ave
Steamboat Springs, CO 80487
Ph # 970-879-2141
Ruca Code # 7.0

Buena Vista Mental Health Clinic
114 Linderman Avenue
Buena Vista, CO 81211
Ph # 719-359-0344
Ruca Code # 7.0

Mental Health Clinic- Satellite Office
409 Trinchera
San Luis, CO 81144
Ph # 719-672-0331
Ruca Code# 7.0

Monte Vista Mental Health Clinic –
Satellite Office
402 4th Avenue
Monte Vista, Co 81144
Ph # 719-852-5186
Ruca Code # 7.0

Mental Health
915 Fourth Street – Qwest
Alamosa, CO 81101
Ph # 719-589-5527
Ruca Code # 7.0

Mental Health
2917 Lava Lane
Alamosa, CO 81101
Ph # 719-589-5527
Ruca Code # 7.0

New Beginnings Wellness
521 Alamosa Avenue
Alamosa, CO 81101
Ph # 719-589-5134
Ruca Code # 7.0

Barrett Memorial Hospital of Dillon
1260 S. Atlantic

Grand Junction
436 South 7thy Street
Grand Junction, CO 81501
Ph # 970-245-4213
Ruca Code # 1.0

Craig Outpatient Clinic
439 Breeze Suite 200
Craig, CO 81625
Ph # 970-824-6541
Ruca Code # 7.0

Grand Junction Adult
518 28 ¾ Road Bldg A
Grand Junction, CO 81501
Ph # 970-245-6023
Ruca Code # 1.0

Garfield Outpatient Clinic
6916 Highway 82
Glenwood Springs, CO 81601
Ph # 970-945-2583
Ruca Code # 7.0

Glenwood Springs
711 Grand Ave
Glenwood Springs, CO 81601
Ph # 970-945-8439
Ruca Code # 7.0

Administrative Offices and Primary
Mental Health Center
8745 County Road 9 South
Alamosa, CO 81101
Ph # 719-589-2681
Ruca Code # 7.0

Primary POP
609 Main Street

St. Anaconda, MT 59711
Ph # 406-683-3000
Ruca Code # 7.0

Community Hospital of Anaconda
401 W. Pennsylvania
St. Anaconda, MT 59711
Ph # 406-563-8500
Ruca Code # 7.4

Arapahoe/Douglas Mental Health
Network
6801 S. Yosemite, Suite 200
Centennial, CO 80112
Ph # 303-793-9600
Ruca Code # 1.0

Parker Office
19751 E. Mainstreet, Suite 247
Parker, CO 80138
Ph # 303-780-8858
Ruca Code # 1.0

Southwood Office
61 West Davies
Littleton, CO 80120
Ph # 303-797-9353
Ruca Code # 1.0

Sycamore Office
5500 South Sycamore Street
Littleton, CO 80120
Ph # 303-780-8858
Ruca Code # 1.0

Sycamore Hills
5984 South Prince Street, Suite 101
Littleton, CO 80120
Ph # 303-780-8858
Ruca Code # 1.0

Alamosa, CO 81101
Ph # 719-589-3671
Ruca Code # 7.0

Leadville Mental Health Clinic
714 Front Street
Leadville, CO 80461
Ph # 719-486-0985
Ruca Code # 7.4

La Jara Mental Health Clinic
322 Walnut
La Jara, CO 81140
Ph $ 719-274-5154
Ruca Code # 10.3

Ordway Mental Health Clinic
220 1st Street
Ordway, CO 81063
Ph # 719-384-5446
Ruca Code # 10.6

Antonito Mental Health Clinic
9th and Dahlia
Antonito, CO 81120
Ph # 719-376-2511
Ruca Code # 10.6

Midwest Colorado Mental Health
Norwood Clinic
1350 Aspen St., Ste B
Norwood, CO 81423
Ph # 970-327-4449
Ruca Code # 10.0

Montrose Main Office
2130 East Main Street
Montrose, CO 81401
Ph # 970-252-3200
Ruca Code # 4.0

S.T.A.R. Reach Clubhouse
2531 West Church Avenue
Littleton, CO 80120
Ph # 303-798-0128
Ruca Code # 1.0

Prince Street Academy
5524 South Prince Street
Littleton, CO 80120
Ph # 303-761-7991
Ruca Code # 1.0

Bridge House
6507 South Santa Fe Drive
Littleton, CO 80120
Ph # 303-780-8858
Ruca Code # 1.0

HUD Houses
6509 Santa Fe Drive
Littleton, CO 80120
Ph # 303-780-8858
Ruca Code # 1.0

HUD Houses
5768 South Hickory Way
Littleton, CO 80120
Ph # 303-780-8858
Ruca Code # 1.0

Staff Offices
595 West Belleview
Englewood, CO 80110
Ph # 303-780-8558
Ruca Code # 1.0

Castle Rock Office
189 South Perry St., Suite 150
Castle Rock, CO 80104

Montrose Clinic
605 East Main Street
Montrose, CO 81401
Ph # 970-249-9694
Ruca Code # 4.0

Gunnison Clinic
710 N. Taylor
Gunnison, CO 81230
Ph # 970-641-0229
Ruca Code # 7.0

Delta Clinic
195 Stafford Lane
Delta, CO 81416
Ph # 970-874-8981
Ruca Code # 7.4

Nucla
501 Main St.
Nucla, CO 81424
Ph # 970-864-2198
Ruca Code # 10.0

Telluride
100 West Colorado Blvd. # 225
Telluride, CO 81435
Ph # 970-728-6303
Ruca Code # 10.0

Heart of the Rockies
The Learning Center
301 Oak Street
Salida, CO 81201
Ph # 719-539-4993
Ruca Code # 7.0

Adams State
208 Edgemont Blvd

Ph # 303-797-9346
Ruca Code # 2.0

Jefferson Center for Mental Health
70 Executive Center, 4851
Independence Street
Wheat Ridge, CO 80033
Ph # 303-425-0300
Ruca Code # 1.0

Inn Between
10295 West Keene Avenue
Denver, CO 80235
Ph # 303-425-0300
Ruca Code # 1.0

Hilltop
10527 West 6th Place
Lakewood, CO 80215
Ph # 303-425-0300
Ruca Code # 1.0

Juvenile Assessment Center
1200 Johnson Road
Golden, CO 80401
Ph # 303-425-0300
Ruca Code # 1.0

Jefferson Hills – Aurora
1290 Potomac Street
Aurora, CO 80012
Ph # 303-425-0300
Ruca Code # 1.0

Clear Creek Mental Health Services
1531 Colorado Blvd
Idaho Springs, CO 80452
Ph # 303-425-0300
Ruca Code # 10.4

Alamosa, CO 81102
Ph # 719-587-7011
Ruca Code # 7.0

CMC Glenwood Springs
1402 Blake Ave
Glenwood Springs, CO 81601
Ph # 970-945-7486
Ruca Code # 7.0

HRRMC
713 E. Main
Buena Vista, CO 81211
Ph # 719-395-5782
Ruca Code # 7.0

Hwy 50 Clinic
550 Hwy 50
Salida, CO 81201
Ph # 719-530-2000
Ruca Code # 7.0

Future HRRMC
1000 Rush Drive
Salida, CO 81201
Ruca Code # 7.0

HRRMC
448 E. First St.
Salida, CO 81201
Ph # 719-539-6661
Ruca Code # 7.0

San Luis Valley
San Luis Valley Regional Medical
Center
106 Blanca Avenue
Alamosa, CO 81101
Ph # 719-589-2511
Ruca Code # 7.0

Fenton Place Town Homes
1628 Fenton Street
Lakewood, CO 80214
Ph # 303-425-0300
Ruca Code # 1.0

JERP (John Eachon Re-Entry Program)
1651 Kendall Street
Lakewood, CO 80214
Ph # 303-425-0300
Ruca Code # 1.0

Carr Street
1675 Carr Street Suite 215 N
Lakewood, CO 80214
Ph # 303-425-0300
Ruca Code # 1.0

Transition (ADT)
20101 Hoyt Street
Lakewood, CO 80214
Ph # 303-425-0300
Ruca Code # 1.0

Gilpin Mental Health Services
2960 Dory Hill Road Suite 100
Blackhawk, CO 80403
Ph # 303-582-6033
Ruca Code # 1.0

Evergreen
28577 Buffalo Park Road Suite 250
Evergreen, CO 80439
Ph $ 303-425-0300
Ruca Code # 2.0

Summit Center
3810 Pierce Street
Wheat Ridge, CO 80033
Ph # 303-425-0300

San Luis Valley Regional Medical
Center PROCenter
2511 Stuart Street
Alamosa, CO 81101
Ph # 719-589-3000
Ruca Code # 7.0

Conejos County Hospital
19021 US Highway 285
La Jara, CO 81140
Ph # 719-274-6000
Ruca Code # 10.3

Rio Grande Hospital
310 County Road 14
Del Norte, CO 81132
Ph # 719-657-2992
Ruca Code # 10.6

Lake City Area Medical Center
P.O. Box 111
Lake City, CO 81235
Ph # 970-944-2331
Ruca Code # 10.0

Gunnison Hospital
711 North Taylor Street
Gunnison, CO 81230
Ph # 970-641-1456
Ruca Code # 7.0

Ruby Valley Hospital
220 Crofoot
Sheridan, MT 59749
Ph # 406-842-5453
Ruca Code # 10.0

St. James Healthcare of Butte
400 S. Clark

Ruca Code # 1.0

WOW (Wellness on Wadsworth)
4045 Wadsworth Blvd Suite 70
Wheat Ridge, CO 80033
Ph # 303-425-0300
Ruca Code # 1.0

Jefferson Hills Lakewood
421 Zang Street
Lakewood, Co 80228
Ph # 303-425-0300
Ruca Code # 1.0

Independence Outpatient
4851 Independence Street Suite 100
Wheat Ridge, CO 80033
Ph # 303-425-0300
Ruca Code # 1.0

Wellness NOW
4851 Independence Street Suite 185
Wheat Ridge, CO 80033
Ph # 303-425-0300
Ruca Code # 1.0

Navigation
4851 Independence Street Suite 189
Wheat Ridge, CO 80033
Ph # 303-425-0300
Ruca Code # 1.0

The Road
6175 West 38th Avenue
Wheat Ridge, CO 80033
Ph # 303-425-0300
Ruca Code # 1.0

Teller Residential
7290 West 14th Avenue

Butte, MT 59701
Ph # 406-723-2500
Ruca Code # 4.0

The Rainbow Center
2160 88th Ave.
Thornton, CO 80221
Ruca Code # 1.0

Westminister Office
3031 West 76th Ave.
Westminster, CO 80030
Ph # 303-853-3661
Ruca Code # 1.0

Brighton Office
30 South 3rd Ave.
Brighton, CO 80601
Ph # 303-853-3600
Ruca Code # 2.0

Behavioral Healthcare Inc
6801 So. Yosemite Street Suite 201
Centennial, CO 80112
Ph # 303-889-4805
Ruca Code # 1.0

Foothills Behavioral Health, LLC
9101 Harlan Suite # 100
Westminster, CO 80031
Ph # 303-432-5950
Ruca Code # 1.0

Pike's Peak
Administration
525 N. Cascade Ave., Suite 100
Colorado Spring, CO 80903
Ph # 719-572-6100
Ruca Code # 1.0

Lakewood, CO 80215
Ph # 303-425-0300
Ruca Code # 1.0

Mount View Youth Services Center
7862 West Mansfield Parkway
Lakewood, CO 80215
Ph # 303-425-0300
Ruca Code # 1.0

Metro Community Provider Network
8500 West Colfax Avenue
Lakewood, CO 80215
Ph # 303-424-0300
Ruca Code # 1.0

HAF House
8640 West Jewell Avenue
Lakewood, CO 80226
Ph # 303-425-0300
Ruca Code # 1.0

Westminster
9101 Harlan Street, Suite 130
Westminster, CO 80031
Ph # 303-425-0300
Ruca Code # 1.0

South
9200 West Cross Drive, Suite 421
Lakewood, CO 80123
Ph # 303-425-0300
Ruca Code # 1.0

West Colfax
9485 West Colfax Avenue
Lakewood, CO 80215
Ph # 303-425-0300
Ruca Code # 1.0

Aspen Diversified Industries
415 West Bijou St.
Colorado Springs, CO 80905
Ph # 719-391-2550
Ruca Code # 1.0

Connect Care
220 Ruskin Drive
Colorado Springs, CO 80910
Ph # 719-572-6133
Ruca Code # 1.0

First Choice
2864 South Circle Drive Suite 600
Colorado Springs, CO 80906
Ph # 719-572-6190
Ruca Code # 1.0

Pikes Peak Mental Health
2864 South Circle Drive Suite 620
Colorado Springs, CO 80906
Ph # 719-572-6100
Ruca Code # 1.0

Emergency Services Network
115 Parkside Drive
Colorado Springs, CO 80910
Ph # 719-635-7000
Ruca Code # 1.0

Peak Vista
2840 International Circle
Colorado Springs, CO 80910
Ph # 719-314-3770
Ruca Code # 1.0

Adult Service Network
875 West Moreno Avenue
Colorado Springs, CO 80905
Ph # 719-572-6000

Cedar/TLC
9808 West Cedar Avenue
Lakewood, CO 80226
Ph # 303-425-0800
Ruca Code # 1.0

North Range Behavioral Health
Affiliates
1306 11th Ave.
Greeley, CO 80631
Ph # 970-347-2120
Ruca Code # 1.0

Ft. Lupton Office
120 1st Street
Ft. Lupton, CO 80621
Ph # 303-857-2723
Ruca Code # 2.0

Acute Treatment Unit
1309 10th Avenue
Greeley, CO 80631
Ph # 970-347-2127
Ruca Code # 1.0

Frontier House Clubhouse
1407 8th Avenue
Greeley, CO 80631
Ph # 970-347-2128
Ruca Code # 1.0

Larimer Center Mental Health
2100 S. Shields St.
Fort Collins, CO 80526
Ph # 970-494-4200
Ruca Code # 1.0

Centennial Mental Health Center
211 W. Main St.
Sterling, CO 80751

Ruca Code # 1.0

Child and Family Network
179 Parkside Drive
Colorado Springs, CO 80910
Ph # 719-572-6300
Ruca Code # 1.0

Lorraine Community Center
301 East Iowa Street
Fountain, CO 80817
Ph # 719-382-8176
Ruca Code # 1.0

Pueblo State Hospital
1600 W. 24th Street
Pueblo, CO 81003
Ph # 719-546-4000
Ruca Code # 1.0

Park County – Bailey
460 County Road 43 Suite # 7
Bailey, CO 80421
Ph # 303-838-5013
Ruca Code # 2.0

Woodland Park
400 W. Midland Avenue. Suite 275
Woodland Park, CO 80863
Ph # 719-687-2880
Ruca Code # 2.0

Cripple Creek
166 E. Bennett
Cripple Creek, CO 80813
Ph # 719-689-3584
Ruca Code # 10.0

Ph # 970-522-4549
Ruca Code # 4.0

Kathleen Painter Little Center
2350 3rd Street Road
Greeley, CO 80631
Ph # 970-347-2127
Ruca Code # 1.0

Adult Recovery Program
510 13th Avenue #6
Greeley, CO 80631
Ph # 970-347-2125
Ruca Code # 1.0

Outpatient Child and Family Services
710 11th Avenue, Suite 105
Greeley, CO 80631
Ph # 970-347-2124
Ruca Code # 1.0

Intensive Child and Family Services
710 11th Avenue, Suite 203
Greeley, CO 80631
Ph # 970-347-2498
Ruca Code # 1.0

Aurora Mental Health Center Affiliates
11059 E. Bethany Dr., Ste 200
Aurora, CO 80014
Ph # 303-617-2300
Ruca Code # 1.0

Northwest Office
1646 Elmira Street
Aurora, CO 80010
Ph # 303-617-2300
Ruca Code # 1.0

Alameda Office

Park Country Fairplay
295 5th Street
Fairplay, CO 80440
Ph # 719-836-9087
Ruca Code # 10.3

Elbert County
650 E. Walnut
Elizabeth, CO 80107
Ph # 303-646-4519
Ruca Code # 2.0

Logan County
211 West Main
Sterling, CO 80751
Ph # 970-522-4392
Ruca Code # 4.0

Morgan County
910 E. Railroad
Fort Morgan, CO 80701
Ph # 970-867-4924
Ruca Code # 4.0

Cheyenne and Kit Carson Counties
1291 Circle Drive
Burlington, CO 80807
Ph # 719-346-8183
Ruca Code # 7.0

Yuma County
215 S. Ash
Yuma, CO 80759
Ph # 970-848-5412
Ruca Code $ 7.0

Phillips County
127 E. Denver
Holyoke, CO 80734
Ph # 970-854-2114

10782 E. Alameda Ave.
Aurora, CO 80012
Ph # 303-617-2300
Ruca Code # 1.0

Hampden Office
14301 E. Hampden Ave.
Aurora, CO 80014
Ph # 303-617-2300
Ruca Code # 1.0

Leversee Office
1290 Chambers Road
Aurora, CO 80011
Ph # 303-617-2300
Ruca Code # 1.0

Fitzsimons
2206 Victor Street
Aurora, CO 80010
Ph # 303-617-2300
Ruca Code # 1.0

Intercept Center
11023 E. Fifth Ave.
Aurora, CO 80013
Ph # 303-617-2300
Ruca Code # 1.0

PRC
3821 Ateel Street Unit # A
Denver, CO 80205
Ruca Code # 1.0

John Thomas House
16390 East 14th Place
Aurora, CO 80011
Ruca Code # 1.0

Mracheck House

Ruca Code # 10.0

Sedgwick County
P.O. Box 62
Julesburg, CO 80737
Ph # 970-474-3769
Ruca Code # 10.0

Lincoln County
606 Main St.
Limon, CO 80828
Ph # 719-775-2313
Ruca Code # 10.0

Northglenn Office
11285 Hughline Dr.
Northglenn, CO 80233
Ph # 303-853-3400
Ruca Code # 1.0

Gateway Building
8989 Huron St.
Thornton, CO 80233
Ph # 303-853-3500
Ruca Code # 1.0

Rapid Response
7401 Broadway
Denver, CO 80221
Ruca Code # 1.0

Huron House
621 West 96th Ave.
Thornton, CO 80260
Ruca Code # 1.0

I.T. House
8384 Elati
Denver, CO 80260
Ruca Code # 1.0

14804 East 18th Place
Aurora, CO 80011
Ruca Code # 1.0

Mental Health Center Serving Boulder
and Broomfield Count
1333 Iris Ave.
Boulder, CO 80304
Ph # 303-443-8500
Ruca Code # 1.0

Broomfield Office
12 Garden Center, Suite 210
Broomfield, CO 80020
Ph # 303-446-3007
Ruca Code # 1.0

Longmont Office
529 Coffman # 300
Longmont, CO 80501
Ph # 303-684-0555
Ruca Code # 1.0

Cedar House
2833 Broadway
Boulder, CO 80304
Ruca Code # 1.0

Chinook Clubhouse
1441 Broadway
Boulder, CO 80302
Ruca Code # 1.0

Lafayette Office
400 East Simpson
Lafayette, CO 80026
Ph # 303-665-2670 Ruca Code # 2.1

Community House
7595 Krameria
Commerce City, CO 80022
Ph # 303-287-7270
Ruca Code # 1.0

Mesa House
5831 E. 74th Ave.
Commerce City, CO 80022
Ph # 720-889-0460
Ruca Code # 1.0

Commerce City Office
4371 E. 72nd Ave.
Commerce City, CO 80022
Ph # 303-853-3456
Ruca Code # 1.0

Holly House
7191 Holly St.
Commerce City, CO 80022
Ruca Code # 1.0

Community Reach Center
Thornton Office 8931 Huron St.
Thornton, CO 80260
Ph # 303-853-3500
Ruca Code # 1.0

8. Previous Experience in Developing and Managing Telemedicine Programs

This project has been initiated by Rural Health Telecom, which has been providing rural health care providers telecom services under the USAC – RHC program since 1999. Rural Health Telecom has developed strong relationships with many telecommunications providers and health care providers.

Currently many members of Rocky Mountain HealthNet are managing private telemedicine networks. Virtually all of the represented mental health facilities have been using interactive video in their practices for a number of years. However, this and other telehealth technologies have more room grow. By having this network in place, the healthcare providers will be able to more easiliy negotiate or form partnerships with other HealthNet healthcare providers. The complexity of building an infrastructure is now gone and the healthcare provider can focus on …….

The benefit of our approach is that the management of the network is provided by the telecommunications carriers. Each service type, voice, data and video will be available to the healthcare provider much in the same way that you would access the public internet. Each healthcare provider is responsible for their connectivity to the HealthNet and the underlying network is supported by the carriers.

9. Project Management Plan

Leadership
Rural Health Telecom is providing the leadership to bring together many disparate organizations to support this consortium effort.

Management Structure and Work Plan
Project management is handled by each representative location. Much like connectivity to the public Internet, the members will manage the connectivity and required negotiations needed to communicate with other members of the consortium.

Schedule
Upon approval of this proposal, each representative will submit a form 465. Upon selection of the telecommunications carrier, orders will be submitted for

the specific services outlined in this proposal. It is expected that the installation of service will take 30 – 90 days.

Form 466 funding requests will be submitted at the same time as orders are processed with the telecommunications carrier.

10. Program Coordination

There are no network coordination requirements. The Rocky Mountain HealthNet is a private network that will operate much like the public internet. Each member is responsible for all network coordination with the telecommunications carrier.

11. Indicate to what extent the network can be self-sustaining once established.

After the completion of this pilot program, all ongoing monthly costs outlined in this proposal are eligible for funding under the current rules of the USAC – RHCD program for all rural healthcare participants. Net costs for services to the rural health provider will be the comparable urban rates.

This network is to be self-sustained by:
> USAC – Rural Health Care Funding Mechanism (current rules)
> Additional revenue generation
>> Radiology services
>> Psychiatric expertise
>>> Child Psychiatry
>>> Gerontology
> Replacement of current Internet costs will be applied
> Cost reduction in general telecom costs
>> VoIP Long Distance
>> Video connectivity
>> IT Support

Participant Overview:

San Luis Valley Community Mental Health Center

Founded as a private, non-profit (501[c][3]) treatment center, the San Luis Valley Community Mental Health Center is one of the premier providers of counseling and mental health services in Southern Colorado.

The **goal** of the SLV Mental Health Center is to have a **continuum of programs that meet the needs of each individual community in the Valley.** Not only does each program do a thorough assessment while working with individual clients, but we are continuing to look at the needs of each community and agency in the Valley.

- The mental health center has a comprehensive array of services to meet the needs of **adults, children and families** that include **traditional** outpatient services and **alternative** services including **early intervention** and **prevention services** provided in schools, community sites or home-based services.
- Although each program is unique in the population served, our **multidisciplinary team approach** to cases, ensures the continuum of services are seamless and accessible to every client.
- Programs are **culturally sensitive and responsive** to special populations such as the elderly or developmentally disabled.

San Luis Valley Regional Medical Center

SLV Regional Medical Center has historically provided medical care to the medically underserved areas of southern Colorado. Due to the disproportionate amount of indigent care that we provide, the opportunity to gain advanced telecommunication and date services in this area in coordination with this program is appealing. We do realize that with our participation, we will be legally and financially responsible for the telecommunication services provided.

The goals that we would like to accomplish in this endeavor include high-speed data connectivity to our related Critical Access Hospital (Conejos County Hospital) in La Jara, Colorado. Currently, the only connectivity available to us for that facility is a costly point-to-point T-1 that does not offer the necessary bandwidth to allow us to gain economies of scale through consolidated treatment centers.   Additionally, with the appropriate bandwidth, we anticipate

being able to consolidate voice services for the Critical Access Hospital as well. This is necessary to keep Conejos County Hospital financially viable as they cannot afford to purchase data and telecommunications technicians to have on-site. An additional need here in the San Luis Valley is to be able to connect our data infrastructure to the HealthNet for sharing patient data with our tertiary care facilities in more metropolitan areas such as Denver and Colorado Springs. This connectivity will also provide redundancy that is currently unavailable. Twice in the last 18 months, the primary fiber link out of the San Luis Valley has been severed, resulting in Internet, long distance and cellular telephone outages for this entire valley which encompasses a geographical area the size of New Jersey. Having redundant communication capabilities is essential for providing patient care here in the San Luis Valley, specifically for voice, data and DICOM radiological imaging studies. Additionally, improved communications within the Valley for primary care to the organization's specialists will provide enhanced patient care for the medical specialties of Orthopedics, Pediatrics, Psychology, Internal Medicine and the SLVRMC Hospitalist program.

At this time, the cost to provide these enhanced services are unknown. The last time that quotes were obtained, a DS3 connection from our local carrier was approximately $9000 / month. San Luis Valley Regional Medical Center is prepared to fund a portion of this connectivity through our operational budget, but with our current constraints, this funding is currently limited to approximately $1400 per month, plus labor costs for management of the hardware devices on the hospital end, as well as management of any associated virtual private network connectivity.

This project will be managed by Spencer Hamons, Director and Chief Information Officer for SLV Regional Medical Center. Spencer's previous experience managing telemedicine and remote medicine began in the United States Army when he was stationed in ChunChon, Camp Page, South Korea. After leaving the military, Spencer's experience continued when he was the Corporate Director of Information Technology for all of The Methodist Healthcare System's community hospital operations in and around Houston, TX. Spencer has experience with management of the data and telecommunications infrastructure for all of Methodist's community hospitals, including the telemedicine communications for the Emergency Department and Radiology Departments. Mr. Hamons has been with SLVRMC since August 2004 and has been responsible for the rebuilding of the infrastructure at SLVRMC and at Conejos County Hospital.

SouthEast Mental Health Services

Southeast Mental Health Services (SEMHS) is a private non-profit corporation providing mental health services to six rural and frontier Colorado counties – Baca, Bent, Crowley, Kiowa, Otero and Prowers. These counties cover a total of 9,600 square miles with an aggregate population of 52,400 people.

SEMHS offers a full range of services to adults, children and families. Individuals can be self-referred, referred by another agency or professional, or come in through the Emergency Services Team. SEMHS provides 24-hour, seven-day-a-week crisis intervention and assessment. No one is refused service due to the inability to pay.

The staff is skilled in the assessment and treatment of a variety of emotional problems including depression, anxiety, trauma, children's issues, relationship issues, and severe and persistent mental illnesses, such as schizophrenia. People with severe and persistent mental illness receive a more intensive level of support designed to help them live successfully in the community. In 1998, the new Executive Director, Bob Whaley, provided the vision and leadership for many of the new and innovative services that today mark SEMHS as a leading example of rural mental health service delivery.

Recognition~
Southeast Mental Health Services has been nationally honored for its success in helping people with severe mental illness successfully reintegrate into the community. SEMHS' awards include the following:

- The Lilly Reintegration Awards, 2002 Second Place, Clinical Medicine
- [The American Psychiatric Association](#), 2003 Silver Achievement Award
- Timothy J. Coakley Leadership Award – inaugural 2004, subject of the policy paper awarded First Place

Colorado West Regional Mental Health

Colorado West Regional Mental Health, Inc. is a private, non-profit corporation founded in 1970 to provide outpatient mental health services to the residents of Western Colorado.

We employ over 300 full and part-time staff and volunteers in our ten county service area. Together with Southwest and Midwestern Colorado

Mental Health Centers, we are partners in West Slope Casa,
the largest provider of behavioral health services in Western Colorado.

Colorado West provides mental health and substance abuse service
to enhance the ability of individuals, families, and communities
to improve the quality of their lives.

In service of our mission, we will work with the people and organizations in our
communities to provide the highest quality
mental health, substance abuse and other behavioral health services.

Service Area
Colorado West serves the ten northwestern Colorado Counties of:
Eagle, Garfield, Grand, Jackson, Mesa, Moffat, Pitkin, Rio Blanco,
Routt and Summit.

Our milieu of services includes:

- Outpatient mental health counseling
- Substance abuse counseling
- Consultation and education
- Partial hospitalization
- 24 hour emergency services
- Involuntary hospitalization
- Short and long term residential facilities
- School based programs
- Intensive family intervention
- Employee assistance programs (EAPs)

Southweat Colorado Mental Health

Making a Meaningful Difference

The sole purpose of our Center is to support our communities through the full and equal participation of all our residents in the quality of life available here. We do this by *Making a Meaningful Difference* in the lives of those who seek our assistance. The value of *Making a Meaningful Difference* requires that we measure the development of our resources, the delivery of our services and the organization of our Center against our capacity to *Make a Meaningful Difference*.

It is our responsibility to constantly modify and adapt our resources to make the greatest possible impact for consumers, family members of those with a substance abuse problem or mental illness, and those in the community for whom mental illness or substance abuse is limiting their capacity to fully participate in the quality of life.

Supporting Family, Job and Intimate Relationships

Greater therapeutic impact happens outside of the Center and its resources than within it. Families, job settings and intimate relationships provide the greatest therapeutic impact and enhance the impact of our service resources. A substantial portion of our resources should be committed to providing this support, which should not be limited to crisis support, but should extend to preventive and early interventive support.

Engaging All Consumers and Family Members to the Best of Our Ability

ALL persons challenged with a mental illness, their families and others who work and live with them are our responsibility. Our responsibility extends beyond enrolled consumers and enrolled family members.

We have an obligation to the broader community that requires us to work closely with, and serve as a resource for, all aspects of our community including but not limited to health, public safety, economic development, education and other human service resources.

Engaging *all* consumers and family members to the best of our ability requires a specific commitment to cultural competency and proficiency. This extends beyond minority language expertise to an active effort to make all groups feel comfortable and welcomed. Where possible we will employ staff at all levels with ethnic and cultural backgrounds consistent with those served by our Center. Where this is not feasible, we will make concerted efforts to train and educate our staff so that they may represent and deliver our services in as effective, acceptable and user-friendly manner as possible.

Consumer Partnership

The value of consumer partnership means that we approach our services with respect for those challenged with a mental illness or substance abuse and respect for their families. We take pride in our resources and their

professional application but we recognize that that application must be guided and tailored in partnership with those we serve.

Culture of Change

Change is not our enemy, nor is it an obstacle. Change is not something we will get past, have settle down, or need to endure. ***Change is our opportunity***.

We will embrace change as the opportunity to make a more meaningful difference. We are the temporary stewards of our Center, its resources and its capacity to serve our community. Staff will change, demands on our system will change, technology will change (note web based applications decreasing center based operations), our community is constantly changing and our understanding of best practices will change. Only those who accept the constant nature of change and who can use it to advantage will thrive in our environment.

Commitment to Excellence

Excellence is the achievement of outcomes making the best/most creative use of resources within professional and ethical guidelines. Excellence requires a commitment to the highest professional best practice standards, highest ethical standards, and the integrity to recognize when those standards are not met.

Excellence is not a specific practice, nor a specific application of resources. Excellence is determined by the unique outcome dictated through consumer/family identification of need, desired outcome, resources and limitations combined in partnership with the application of Center resources brought creatively to bear by staff and staff teams.

Excellence is not to be confused with perfection, which takes no risks. Excellence requires both risk and failure to be achieved.

Heart of the Rockies Regional Medical Center

Heart of the Rockies Regional Medical Center is a 25-bed Critical Access hospital located in Salida, Colorado. The hospital serves the 16,000 residents of the Upper

Arkansas Valley including the communities of Buena Vista, Villa Grove, Saguache, Granite, Howard and surrounding communities.

HRRMC was first established in 1885 as the Denver & Rio Grande Railroad hospital for railroad employees. In 1962, the railroad decided to sell the hospital. Despite offers of purchase from two outside private companies, a group of local community leaders gave money to buy the hospital. The hospital ran as a private corporation until 1976, when the Salida Hospital District was formed, and the community members who had provided money in 1962 were reimbursed. In 1989 the hospital's name changed to Heart of the Rockies Regional Medical Center, which better reflected the services offered and the area served.

Hospital Changes
The hospital has undergone many renovations, including two additions. After a fire in 1899, the hospital was rebuilt. This building still stands as the "core" of the medical center. During 1924-25, a large, two-story patient wing was added to the hospital. Another addition and further renovations were made in the early 1980's, which allowed for a new Intensive Care Unit, laboratory, emergency room, and two additional patient rooms.

The most recent renovations from 1994-2004 include the addition of ten semi-private patient rooms, a new operating room, Cardio-Pulmonary Department, and an expanded Emergency Department.

In addition to facility changes, HRRMC has kept up with medical technology by investing in several pieces of state-of-the-art diagnostic equipment including a multi-slice CT scanner, two Mammography units, an open MRI, a Pulmonary Function Test (PFT) machine, a hematology analyzer, gastroscope, and fetal monitoring equipment that includes the capability to monitor the mother.

Exceptional Care
Heart of the Rockies Regional Medical Center is proud to offer exceptional care to the community and its visitors. We provide a full range of services. Our 31 full-time physicians provide everything from complete family care (obstetrics to geriatrics) to surgery (including Dermatology, Gastroenterology, General, Cataract & Laser Surgery, Orthopedic, Foot & Ankle, Gynecological, and Urological).

Plus, we have approximately 25 visiting or part-time specialists such as Allergists, Cardiologists, Neurologists, Oncologists/Hematologists,

Otorhinolaryngologists (ENT), and Physiatrists (Physical Medicine & Rehab) that provide convenient service to our residents and provide consultations to our local physicians.

Lake City Area Medical Center

The Lake City Area Medical Center (LCAMC) is a small, family practice clinic located in Lake City, Colorado – a rural mountain community in the San Juan Mountains of southwestern Colorado. In operation for over 25 years, the town raised the money and built the clinic with volunteer labor, so it is near and dear to the community and is the only clinic within the county. In 2002, with rising health costs, the citizens formed the Lake Fork Health Service District, a special tax district, to provide financial oversight and security to the LCAMC. The town of Lake City has a full-time population of 760 and an estimated summer population of 2000. The clinic is staffed by a family practice doctor, family practice PA, RN, and a Sonographer and x-ray technician. The practice sees approximately 3000 patient visits per year. The Gunnison Valley Hospital (GVH) located 55 miles from Lake City, across a mountain pass (often impassable in winter), is the closest hospital to the town so care in Lake City is paramount to the citizens' health and well-being.

As a very remote, by distance and terrain, mountain town the clinic's ability to provide definitive health care is imperative to the town's existence. Without the clinic many of the full-time and part-time residents and visitors have stated they would be unable or unwilling to live or visit there. Our residents range in age from newborns to those in their 90s. All require different type and levels, but same standards, of care. An outdoor sports enthusiast's dream – hiking, fishing, four-wheeling, mountain biking, ice-climbing, snowmobiling and more can be found in and around Lake City. The potential for injury is high and the clinic has to function as the 'emergency room' for the entire community. The clinic abilities must be kept at very high standards to provide appropriate care for our patients.

Telemedicine technology is exciting to us for these reasons.   We have identified several areas where we feel technology could be of most use to the patients and staff of the clinic. For example:
Telemedicine: The use of telemedicine will enable our providers with specialty consultation and patients with specialty care on both an urgent and planned basis - without the need to spend long hours on the road (travel times 2 ½ hours, round trip to Gunnison, 6 hours round trip to Grand Junction, and 10 hours

round trip to Denver. Not only are these trips costly in time but in fuel and risk of accidents.

Many trips to specialists could be conducted over the internet using technology rather than fuel to get patient and doctor together. Many citizens of Lake City are in low paying jobs, without benefits, and cannot afford to take off work for an entire day or multiple days to travel to Grand Junction or Denver. Fuel itself has become an increasing concern.

Several consultants have allowed us to use their name in support of our effort. They would be interested in becoming a telemedicine partner, provided all the liability and payment issues are resolved.

    a. <u>Mental Health/Psychiatry</u>: Dr Karls, MD; He is director of mental health for our region. He is currently doing a significant percentage of his counseling via telemedicine and would welcome our participation. This could easily include group counseling for psychiatric, alcohol, tobacco, obesity, etc.

    b. <u>Dermatology</u>: There is a tremendous need for dermatology support in our community. We have approached Dr. Timko, MD; a dermatologist from Salida, Colorado, a town 120 miles from Lake City. Dr. Timko currently travels to several towns, to include Gunnison, to provide dermatology services. He can only do this intermittently. Today, we could have used this technology with an 85 y/o lady with a very unusual rash. The time he is currently spending on the road could be converted to patient visit time via telemedicine should we be able to get the equipment. Dr. Timko is interested in the possibility to begin services to Lake City via telemedicine. He, in particular, has been researching this technology and was the one to discuss resolution of legal and financial issues.

    c. <u>Cardiology:</u> Dr. Nawaz, MD; He is a physician with Denver-Aurora Cardiology. Their group does outreach already. They also do outreach education for providers and this technology interests him for that purpose. He is supportive and recommended getting 'electronic stethoscope' as well as camera. He had less reservation about the legal or reimbursement issues.

    d. <u>Gastroenterology</u>. GI would probably be one of our most frequently utilized areas for video conferencing. We have many patients that require colonoscopies and to have the test done you must first have an appointment with the provider to complete the "pre-op" information.

Currently our patients are typically going to one of three locations: Gunnison (110 miles round trip), Montrose (200 miles round trip), and Salida (240 miles round trip) for their procedures. These measurements are from Lake City and we actually have many patients from the southern portion of the county which is an additional 60 miles (round trip). So our patients are making two trips – one for the "pre-op" and the second for the actual procedure. The "pre-op" could very easily be done utilizing video conferencing.

e. Pediatrics. We have worked several times with a pediatric pulmonologist with National Jewish MRC in Denver. Although we have been unable to reach her to ask for permission to put her name on this letter she has done remote consulting previously. She was instrumental in assisting us with one very ill young boy this past winter. Had we been able to consult with her using the video conferencing capability one family could have been saved from having to make four extra trips to Denver. The impact of this is not only felt by the family but because they run a business in Lake City their employees must take up the slack for all the days the family is out of town. The child is out of school longer because of the illness and all the travel time – the trip will be a minimum of three days (one day for the doctor appointment and a day of travel on both ends). If this is done via video conferencing they can set it up at a time after school.

Overall the use of video conferencing would also be a tremendous time saver for our providers. In the case above of the young boy, his father stated that he knows if we could have used video conferencing then Dr. Durmon would not have had to spend so much time trying so hard to help their son and he could have spent it with other patients. With video conferencing our providers would not hesitate to have a patient seen sooner by one of our "network" specialists because they would know the impact was much less on the patient – less time away from work, less time traveling, less financial impact on the family (fuel, hotel bill, food for eating out).

This technology is equally important to our staff as well as our community in a different way. It will provide our staff with a method of continuing education and quality enhancement that could only be obtained by travel with its attendant costs. It will provide our community the ability to participate in teleconferencing on many subjects – not necessarily medical. Our conference room will be utilized by multiple community groups.

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