**LoneStar Healthcare Consortium**

**Network Plan** (for RFP LHC006)

The LoneStar Healthcare Consortium, Inc. (LHC) is a member organization (HCP 44699) founded by healthcare professionals. Consortium members in the State of Texas are located in rural and non-rural areas, and are Federally Qualified Health Center (FQHC) with 46 sites. LHC is working to partner with other organizations throughout the State of Texas to maximize the benefits of this FCC program.

1. **Goals and Objectives:**

All of our consortium members in Texas are experienced electronic health record (EHR) users, and are operating in advanced stages of the CMS Meaningful Use Program. This EHR use status will be substantially facilitated with the addition of improved, secure broadband communications, opening our consortium members to opportunities such as:

* Exchange of EHR generated patient data between healthcare providers
* Electronic exchange of images (X-rays, MRIs and CAT Scans) and video conferencing
* Telemedicine – two-way, real time, interactive, remote communications between a patient, healthcare provider and hospital
* Movement of billing and scheduling information
* Improved rural-urban collaboration
* Improved electronic patient health information (ePHI) security when “in the cloud”, resulting from HIPAA compliant communications security

1. **Strategy for Aggregating the specific needs of healthcare providers:**

Our membership is a growing mix of rural and non-rural providers across the State of Texas that need the availability of high capacity broadband in a highly secure network. To achieve this we will bring together:

* Fiber optic based service from vendors that are committed to broadband service in our consortium area(s)
* Our existing clinical and administrative centers, and statewide and regional healthcare partnerships
* Collaboration of our membership for care coordination
* A private, dedicated network that improves HIPAA security standards compliance
* Firewall infrastructure to secure and protect network resources
* Encryption of network traffic

**3. Strategy for leveraging existing technology:**

Our consortium member organizations have existing internal networks. To their existing structure we will add the following.

1. Increased broadband line capacity.
2. Current technology routers to allow more flexible inter-member communication.
3. External firewall protection between the existing (internally secure) data facility and the (external) Internet.

Applying this improved communications technology to each member’s existing capabilities will give each member more power, data security and flexibility, all at a lower total monthly cost.

**4. How the broadband service will be used to improve the provision of healthcare:**

LHC Consortium Member networks will improve the quality, access and affordability of healthcare for both rural and non-rural members of our consortium.

* Quality: We will function in a private, dedicated network, with much higher (encrypted) data transfer speeds than currently in use and in a more secure ePHI environment due to much improved Internet fire-wall technology.
* Access: Our network will be dedicated to use by our membership and provide capabilities such as remote diagnosis, tele-health consults, transfer of digital images and continuing education.
* Affordability: The secure transfer of ePHI will be significantly enhanced without substantial additional consortium expenditures, with the financial help of the Healthcare Connect Fund.

1. **Previous management experience in developing and managing healthcare IT (including telemedicine) programs.**

**LHC’s co-founder and CEO, Kevin Welch** leads our network development with guidance from the Director of Information Technology for each of our consortium member healthcare groups. Kevin is a graduate of Boston College, BS Accounting, with over 40 years of experience in the information technology industry. This includes early years as programmer/analyst in a manufacturing environment and then many years in senior sales and sales/management roles serving the US Departments of Defense and Treasury, and NATO Forces in Western Europe. He later managed the K-12 education market with Sprint in the nine northeast US states, where he was heavily involved in the USAC’s Schools & Libraries program.

At present Kevin is managing our Needs Analysis, project planning, application preparation and interface with USAC/Healthcare Connect Fund. After award of broadband services provider contracts, the awarded provider will provide management of our network services delivery.

**LHC’s co-founder and President is Peter Hertan**. Educated at MIT in Electrical Engineering, Peter joined IBM for a career in Engineering, Product Development and marketing. He left IBM at the dawn of the microprocessor revolution to join the Silicon Valley startup world building products enabled by the universal availability of powerful personal computers and networking. Among the most relevant was Internet Presence Providers (IPP), a pioneer in Internet Hosting and Web development where he was CEO. When it was acquired he joined NetScaler at its inception where he held several senior management positions including System Engineering. The company was acquired by Citrix which has maintained NetScaler as the world’s leading web content accelerator. He then joined NeoAccel at its founding as VP of Marketing & Product Management, a pioneer in network security (acquired by VMware, where it provides state of the art SSL VPN functionality in the core). For the past 4 years he was VP of Marketing at Dhaani Systems, developer of the most advanced power management software for very large networks of personal computers.

**6. Project Management Plan:**

The management of our consortium improvement of broadband capacity and data security is provided by the combined efforts of the management of LHC and the Information Technology Director of each member organization.

1. LHC, in consultation with each member IT Director, has prepared the following schedule of events leading up to “Go Live” of requested broadband network improvements.

Date Activity

April, 2018 RFP submitted to HCF for their approval.

April, 2018 RFP posted on HCF/USAC web site for 28 days.

May, 2018 28 day proposal evaluation period.

June, 2018 Vendor contract awards.

June, 2018 Submission of Form 462 (Request for Funding)

July, 2018 Installation for all member sites, on schedules agreed to by vendors/IT Directors.

It is the goal of all member IT Directors to improve schedule events where ever possible.

1. The IT Director of each member organization, in coordination with the President of LHC and each other member IT Director, is preparing an installation work plan for each site involved in this broadband upgrade. These plans are to be completed by 4/30/2017 and include:
2. Site preparation such as space planning and electrical needs.
3. Planning for use of vendor service upgrades and additions.
4. Develop operational testing procedures before “Go Live”.
5. “Go live” target completion dates to be established at multiple sites per week for each organization, subject to vendor/IT Director discussion.

After completion of installation, the awarded provider will provide project management for operational broadband networks for each member organization.

1. Network Plan:The LHC Network Planevolved from our extensive Needs Analysis of each of the 19 member sites.
2. Budget: The LHC annual budget for broadband and related services for the member organization is described in the following chart.

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Budget – for participating consortium members** | | | |
| Date: 4/30/2018 | |  |  |
|  | **All Member Totals** | **Monthly Budget Amount** | **Annual Budget Amount** |
|  | **Line Cost** | $63,061.16 | $756.733.92 |
|  | **Internet Access Cost** | $44,388.72 | $532.664.64 |
|  | **Total Cost** | $107,449.88 | $1,289,398.50 |

Our RFP process is expected to greatly increase throughput with a net reduction in monthly cost, after our members have paid their 35% matching share to the Healthcare Connect Fund’s subsidy.

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