

**The Ohio Public Health Informatics Committee
(TOPHIC)
January 17, 2013 Meeting Minutes**

Members Present	Affiliation	Members Absent	Affiliation
Bill Burkhart	Public Health –Dayton & Montgomery County	Amy Andres	Ohio Hospital Association
Jim Coates	Cuyahoga Co Health Dept	Sam Chapman	ODH – Bureau Child and Maternal Health
Kelly Friar	ODH – Vital Statistics	Ron Clinger	Defiance Co Health Dept
Brian Fowler	ODH - Prevention	Gary Davis	Miami Co Hea District & OEHA
Bruce Hotte	ODH – Office Mgmt Inf Sys	Joe Ebel	Licking Co Health Dept
Gene Phillips	ODH – ODH – Env Health	Steve Englander	Cincinnati Health District
Chris Snyder	Clark Co Health Dist	Doug Fisher	Hocking County Health Dist
Roger Wren	Delaware Gen Health Dist	Greg Halley	Wayne Co Gen Health Dist
		Tim Hollinger	Huron Co Health Dept
		Joe Mazzola	ODH – Local Health
		Richard Mukisa	ODH- Prevention
		Melissa Novits	Youngstown City Health Dept
		Tim Sahr	OSU
		Pete Shade	Erie Co Health Dept
		Tim Snell	Lake Co Gen Health Dist
		Jeff Webb	Champaign Co Health Dept

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1. WELCOME

Bruce Hotte and Jim Coates called the meeting to order at 9:30 a.m. Bruce and Jim welcomed everyone to the meeting. Brian Fowler was introduced and welcomed as a new committee member.

2. CONSENSUS AGENDA.

- a) There were no items submitted for the consent agenda.

3. ATTENDANCE

- a) Attendance continues to be an issue with only 8 of 24 members present. Only 6 of the 16 absent members notified Jim or Bruce.
- b) If you are no longer able to serve on this committee, please let Bruce or Jim know so other members can be selected.

4. ODH STRATEGIC PLAN

- a) Bruce Hotte presented the final ODH Strategic Plan and reviewed the key areas. ODH will monitor the status of each strategic area on an internal SharePoint site and with ODH leadership monthly.
- b) The final ODH 2013-2014 Strategic Plan is located on the ODH Web page <http://www.odh.ohio.gov/> or can be accessed directly with this link - <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/performance%20improvement/Strategic%20Plan%202013%20to%202014.ashx> .

5. OHIO PUBLIC HEALTH INFORMATION GATEWAY (OPHIG)

- a) Brian Fowler presented an update on the Ohio Public Health Information Gateway (OPHIG) using the attached PowerPoint presentation (Interoperability Initiative Director Presentation final.PPT). The OPHIG is listed in the ODH 2013-2014 Strategic Plan and is scheduled to have phase 1 completed by fall 2013. Eventually, OPHIG will be the single point of entry into ODH for electronic health data.

6. EHR AND HIE STATUS UPDATE

- a) Brian Fowler presented an update on the Health Information Exchange (HIE) project using the same PowerPoint presentation. Brian is acting as the State HIT coordinator since Bob Campbell retired last November. ODH continues to work with HealthBridge and Clinisync as the two approved exchanges in Ohio. Status of various activities can be reviewed in the PowerPoint presentation.

7. ENVIRONMENTAL HEALTH

- a) Since Margie Wanchick's retirement at the end of December, 50% of a Business Analyst has been assigned to EHDSI to gather requirements for ODH invoicing and ePay services. A total of 2.5 programmers have been assigned to the project to assist with ePay services, ODH invoicing and Geocoding functionality. Geocoding functionality will be

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used for assigning work items to the appropriate local health district. EPay functionality is currently delayed due to issues surrounding End User Licensing Agreements (EULA) agreements. DAS attorney Chris Kinworthy is working with CBOSS to address these issues. We will work to resolve this issue as soon as possible.

- b) Currently, Healthspace is in the process of configuring the software to meet requirements of the RFP. User Acceptance Testing (UAT) is scheduled to begin in early March. External stakeholders will be asked to participate in UAT.
- c) Release to production of four program modules, Pools, Camps, Ag Labor Camps, & Food Safety will occur in May 2013.

8. VITAL STATISTICS UPDATE

- a) Kelly Friar reported that John Paulson, Supervisor of the Statistical Analysis Unit, and his team, researchers Donna Smith and Ike Mbogutu, have relocated to the Office of Vital Statistics. It is very helpful to have John and his team on site with Judy Nagy, State Registrar, Conrad Michael, our IT manager. Together, they working daily to improve accuracy and timeliness of data delivered to the CDC and to the data warehouse.
- b) Kelly also announced that as of January 1, 2013, the state file number of a death certificate will be auto-assigned as soon as the funeral director saves the demographic portion in the Electronic Death Registration System. When the funeral director prints the certificate for the physician's signature, the state file number and matching file number bar code will appear on the certificate. This will improve tracking of outstanding certificates and improve matching supplementary paperwork to the original certificate when it arrives at the state office for registration.
- c) VS is working with the Ohio Perinatal Quality Collaborative to improve the quality of birth date entered into the Integrated Perinatal Health Information System (IPHIS, Ohio's birth registry system) from the mom and babies' medical record. We have already worked with 35 hospitals representing a majority of deliveries in Ohio. We will be working with the balance of 80 hospitals over the next nine months. The next group of 24 hospitals is set to kick-off their quality improvement work in February. The emphasis on improving birth outcomes to reduce infant mortality by decreasing the rate of scheduled deliveries prior to 39 weeks gestation without a medical indication to a target of less than 5% means that certain key data elements, such as the calculation of gestational age and maternal risk factors must be accurate. We will be enhancing IPHIS to include data definitions as "pop-ups" on the screen when entering data, to help improve accuracy. We will also be creating on-line tutorial modules for annual review and certification to get access to IPHIS.

9. DATA WAREHOUSE UPDATE

- a) Since Bob Campbell's retirement, Kelly will be serving as the administrative liaison to all programs at ODH who will be supplying data to the data warehouse. Currently, cancer and birth data statistical files are available to authorized users through the secure feed. Soon, all birth data elements in IPHIS will be available on the secure site for local health districts and other authorized users who have permission through the ODH Institutional

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Review Board, a Data Use Agreement, or law to use the data. There will be an on-screen data user's agreement that needs to be read and accepted each time a secure user logs on to access data. Downloaded birth data may not be shared with other agencies or individuals. All requests for birth data need to come through Kelly Friar, Judy Nagy or John Paulson who will grant approval and assign access to the data. Passwords should not be shared with others. All users must obtain permission and use their own access passwords. Next to go on line will be the public non-secure birth data. This data will be available in aggregate form and cannot be downloaded.

- b) Over the next two years, eight data sets will be available for use. Please give us feedback on the data you would like to access.

10. INFORMATICS UPDATE

- a) Jim Coates provided an Informatics update. Through the NACCHO Informatics workgroup, Jim was made aware of a FCC grant opportunity to create and expand telemedicine networks, increase access to medical specialists. The announcement is attached. (Broadband.pdf)
- b) Jim also provided updates on Stage 3 Meaningful Use comment period. Currently inclusion of demographic data to remain as reporting requirement is being discussed. There will be no change to Stage 1 and 2 as demographic data elements will still be required.

11. NEXT MEETING

The next TOPHIC meeting will be on February 21, 2013.

Meeting Dates for 2013

1. February 21, 2013
2. March 21, 2013
3. April 18, 2013
4. May 16, 2013
5. June 20, 2013
6. July 18, 2013
7. August 15, 2013
8. September 19, 2013
9. October 17, 2013
10. November 21, 2013
11. No December meeting – Happy Holidays

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LINKS AND ATTACHMENTS			
Source	Attachment	Topic/Type	How to Access It
Bruce Hotte	ODH Strategic Plan	PDF	http://www.odh.ohio.gov/
Brian Fowler	Interoperability	PPT	Interoperability Initiative Director Presentation final.PPT
Jim Coates	Grant Opportunity	PDF	Broadband.pdf

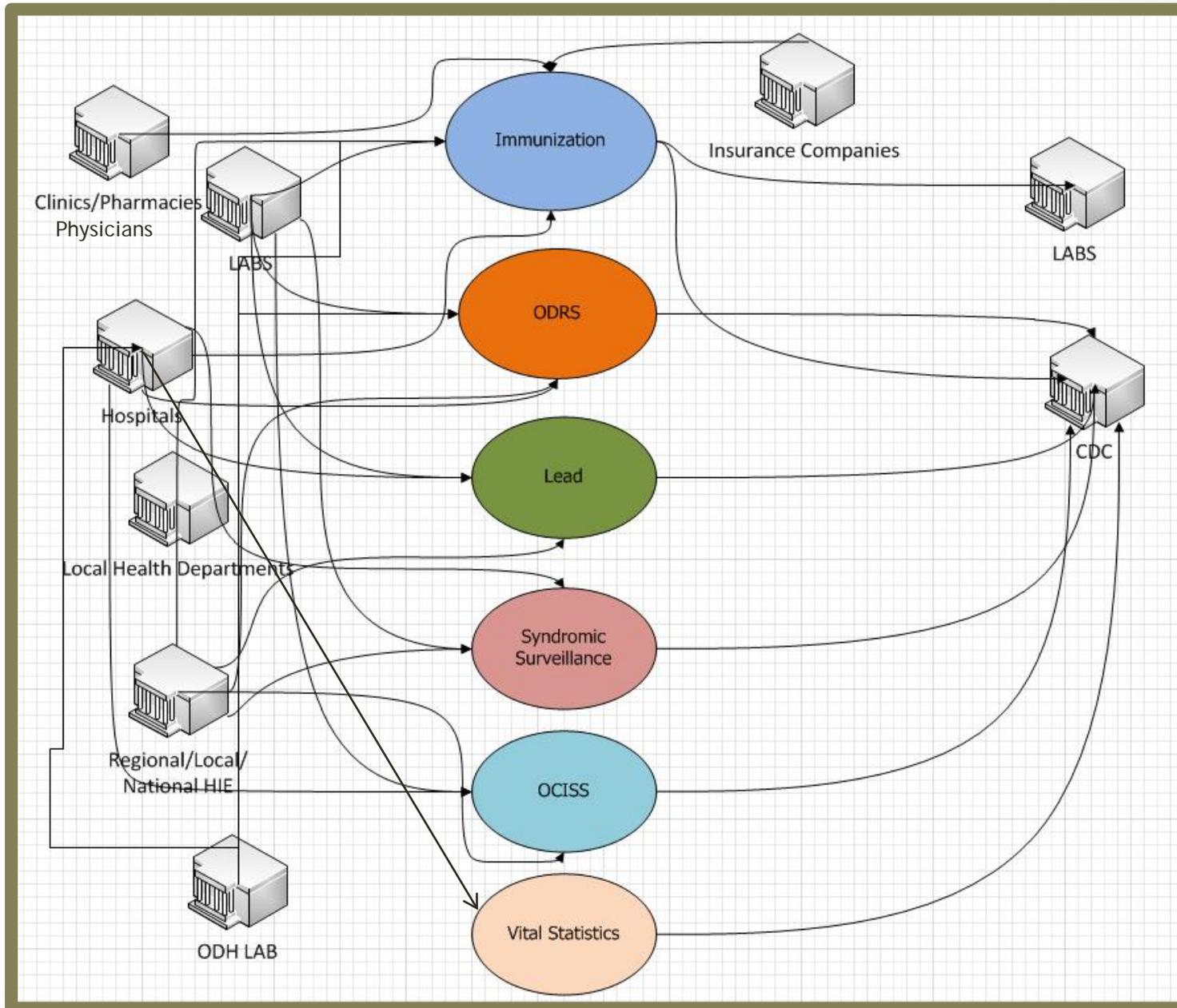
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Ohio Department of Health Interoperability Initiative

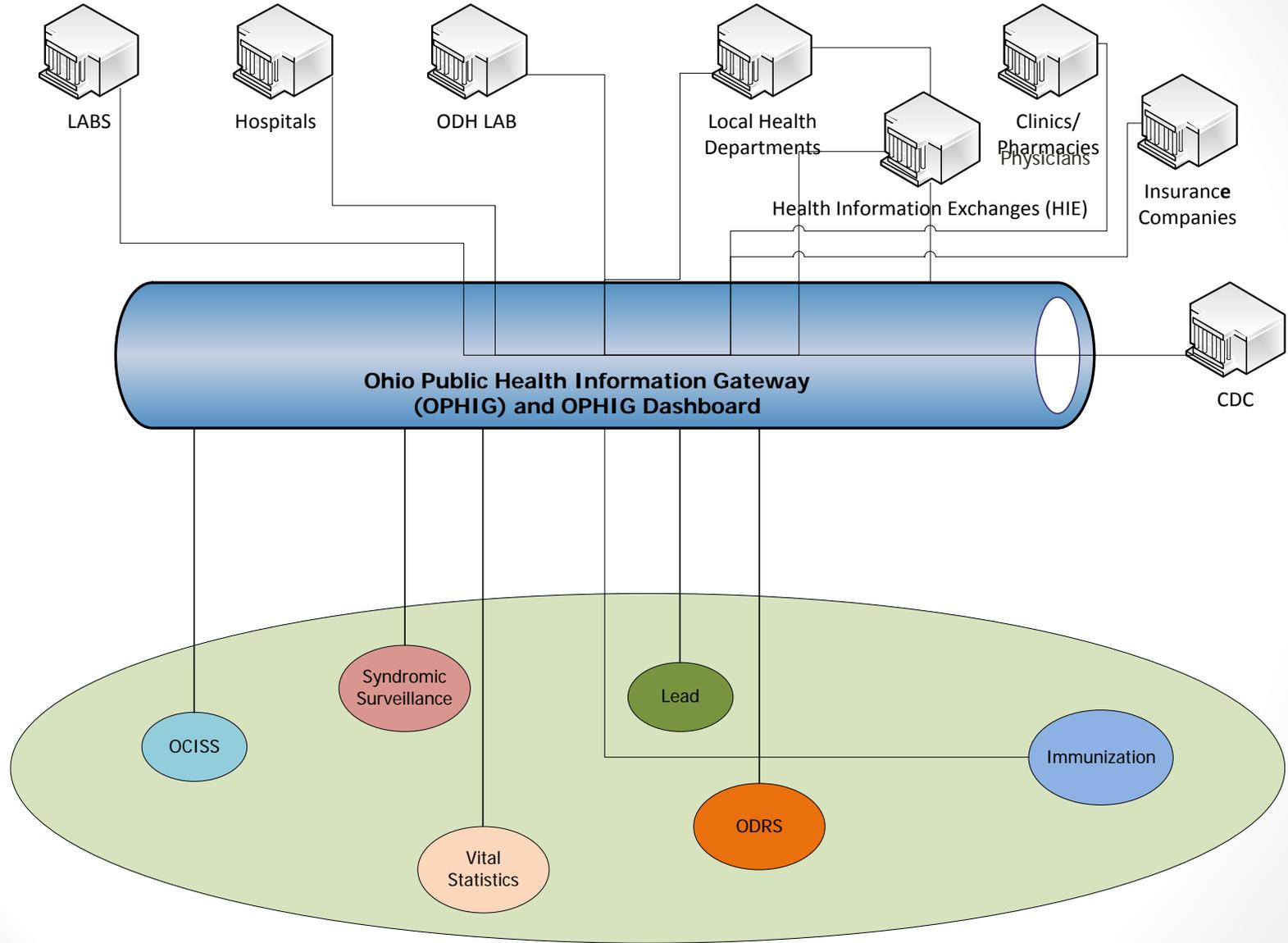
John Joseph and Jim Gallant
2012 - 2013 Project Overview
January 11, 2013

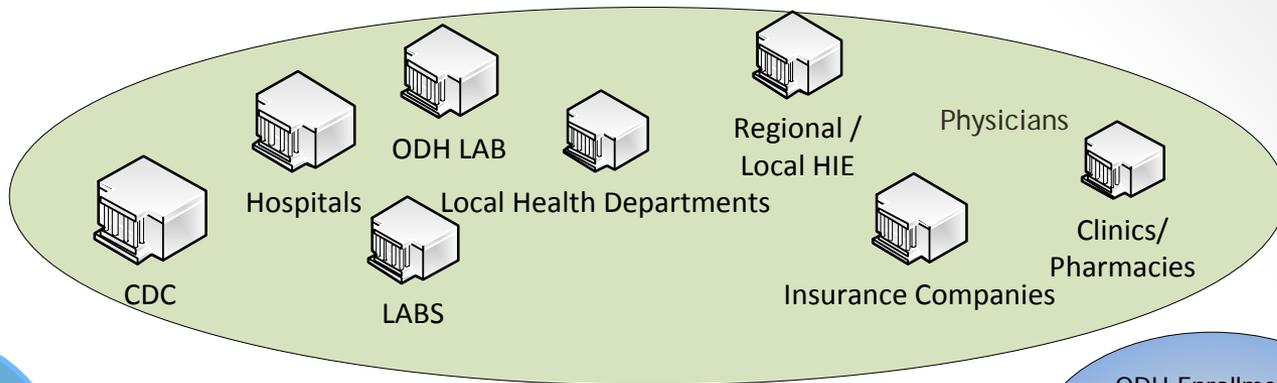


Current ODH Model



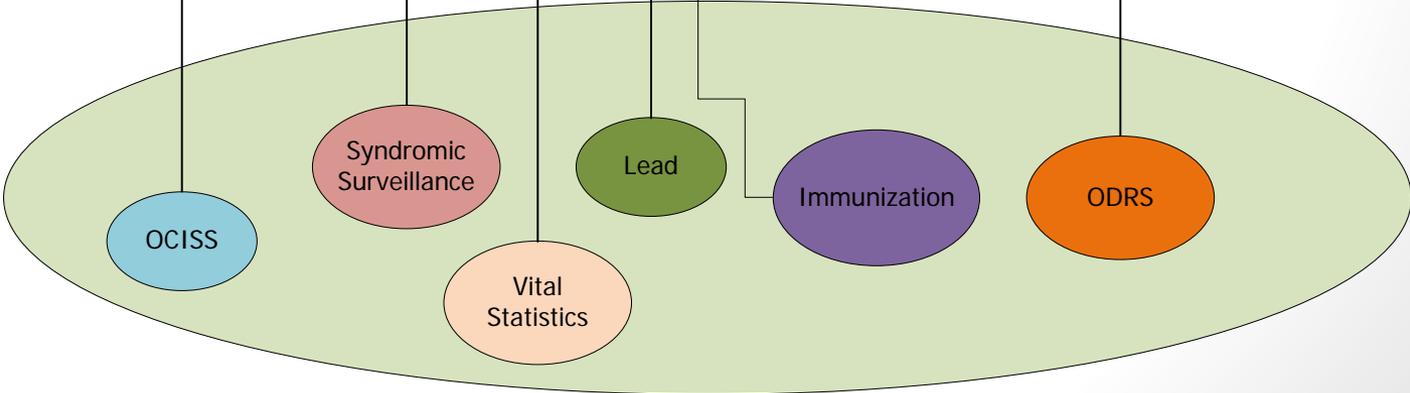
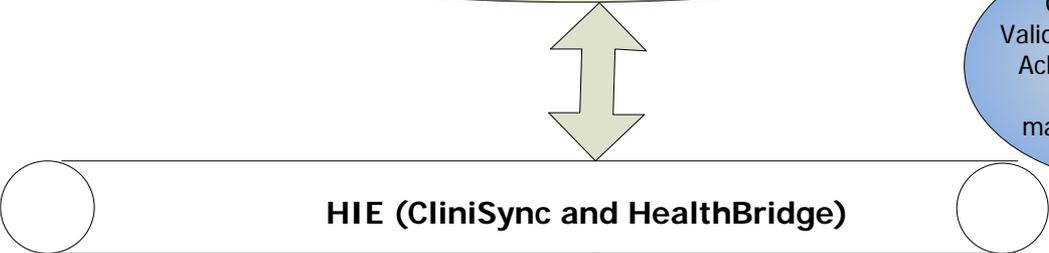
Phase 1 ODH Model





THE NOT SO DISTANT FUTURE

ODH Enrollment, Validation Tool, Program Acknowledgment and provider contact management system



Ohio Public Health Information Gateway (OPHIG) and ODH's Strategic Plan?

Focus Area: Technology & Data

Strategy: Lead public health component of the State Health Information Exchange (HIE) project

Action Steps:

- ✓ 2.3 Create a schedule for the ODH data (prioritizing data) that will be provided in the HIE by January 2013

Working with the HIEs to set priorities

- ✓ 2.4 Leverage Master Client Index and Master Provider Index and data mapping to existing ODH applications.

This project will help set the stage for creating a Master Client and Provider Index

- ✓ 2.5 Create a basic portal to accept and send data to the HIEs

The main objective of the Interoperability Project

- ✓ 2.6 Create a data security policy and procedure in conjunction with the OPHIW/ODH Portal to ensure access to data follows any state or federal guidelines

The outcome of this project will help enforce the policies.

ODH Interoperability Initiative

- 1. Ohio Public Health Information Gateway (OPHIG)**
- 2. ODH-HIE Partnership**
- 3. ImpactSIIS Interoperability PPHF Grant**

ODH Interoperability Initiative

1. Ohio Public Health Information Gateway (OPHIG)

- Enhance single gateway
 - All incoming and outgoing HL7 messages will be exchanged in a consistent manner.
 - Centralizes the skills needed to support messaging, allowing more time for other developers to build applications that support ODH programs.
 - Provides a scalable solution that can grow as the volume of electronic reports continues to increase.
- Enhance Dashboard
 - Provide ODH Programs with:
 - ✓ file and message level tracking
 - ✓ fail-point monitoring and reporting
 - ✓ Senior Management program summaries

OPHIG Dashboard

Ohio.gov | Department of Health

ODH Exchange Dashboard

Home ODH Programs (Logout)

ODH Senior Management Dashboard

Yesterday

Data Timeframe Select Values
 Yesterday = Prior Day 24hr
 Week to Date = Sun - Yesterday
 Last Week = Last Sun - Sat
 Month to Date = 1st - Yesterday
 Last Month = 1st - Prior M End
 Year to Date = Jan 1 - Yesterday

1) Default Data Range = Yesterday
 2) Top ten with CliniSync and HealthBridge always in top 2 position.
 3) Chart View icon to click for chart view.

Immunization

Yesterday

Submitted By	Messages Received	Parsed Successfully	Not Parsed	Parsed with Errors	Rejected
CliniSync	150	100	25	15	5
HealthBridge	150	100	15	25	5
Immunocomicon	80	70	10	0	0
Cleveland Clinic	70	65	5	0	0
Thornometer	60	50	9	0	1
Wellcentricity	50	30	10	5	5
Epoxycon	40	30	10	0	0
Treadwellington	30	30	0	0	0
Dataalytics	20	19	1	0	0
Medclinique	10	10	0	0	0
All Others	340	300	30	0	10
Totals	1000	804	115	45	26

Electronic Lab Reporting (ELR)

Yesterday

Submitted By	Messages Received	Parsed Successfully	Not Parsed	Parsed with Errors	Rejected
CliniSync	75	60	10	3	2
HealthBridge	75	60	10	3	2
Labsters	60	60	0	0	0
Columbia Glass	50	35	5	5	5
Petrina	40	20	10	5	5
BeakOps	30	25	5	3	2
TestMasters	25	25	0	0	0
Hansels	20	20	0	0	0
Radioprix	15	5	5	3	2
Redbaggin	10	10	0	0	0
All Others	45	45	0	0	0
Totals	445	325	45	22	18

Lead

Yesterday

Submitted By	Messages Received	Parsed Successfully	Not Parsed	Parsed with Errors	Rejected
CliniSync	50	40	5	0	5
HealthBridge	50	40	5	5	0
Vintagia	40	40	0	0	0
Cleveland Clinic	35	30	5	0	0
Silverwax	30	25	1	2	2
Wellcentricity	25	19	1	5	0
Epoxycon	20	20	0	0	0
Treadwellington	15	15	0	0	0
Dataalytics	12	12	0	0	0
Medclinique	10	5	5	0	0
All Others	80	60	10	5	5
Totals	367	306	32	17	12

Newborn Screening

Yesterday

Submitted By	Messages Received	Parsed Successfully	Not Parsed	Parsed with Errors	Rejected
CliniSync	150	99	46	0	5
HealthBridge	150	99	40	6	5
Vintagia	40	40	0	0	0
Cleveland Clinic	35	30	5	0	0
Silverwax	30	25	1	2	2
Wellcentricity	25	19	1	5	0
Epoxycon	20	20	0	0	0
Treadwellington	15	15	0	0	0
Dataalytics	12	12	0	0	0
Medclinique	10	5	5	0	0
All Others	80	60	10	5	5
Totals	567	424	108	18	17

OPHIG Dashboard

Ohio.gov | Department of Health

ODH Exchange Dashboard

SECURE

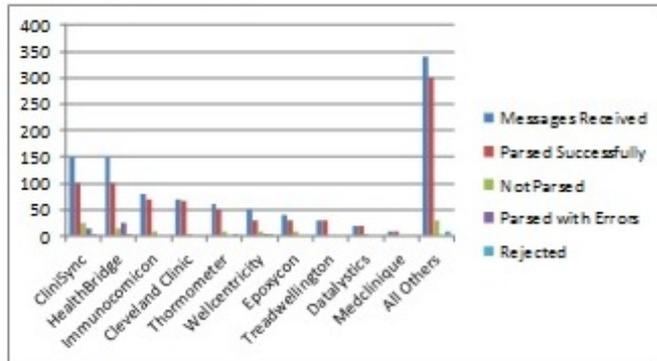
Home ODH Programs (Logout)

Senior Management Dashboard

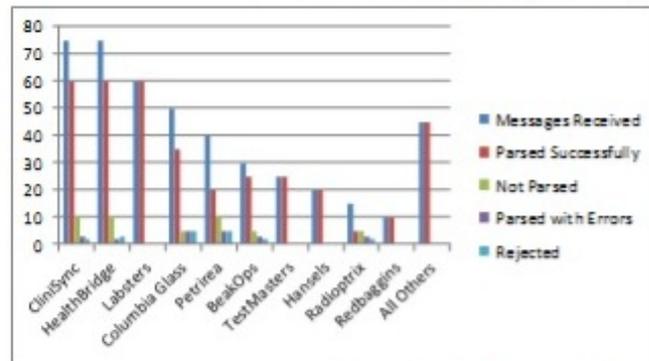
Immunization

Yesterday v

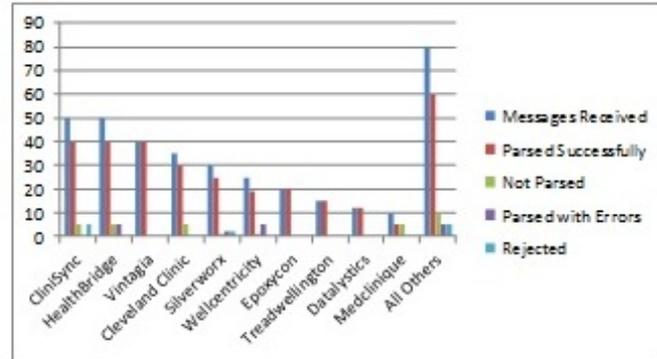
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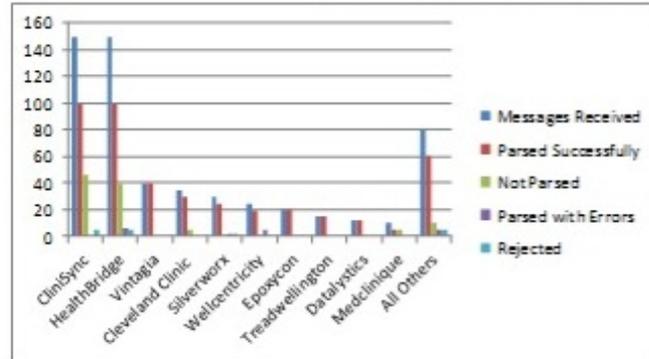
Electronic Lab Reporting



Lead



Newborn Screening



ODH Interoperability Initiative

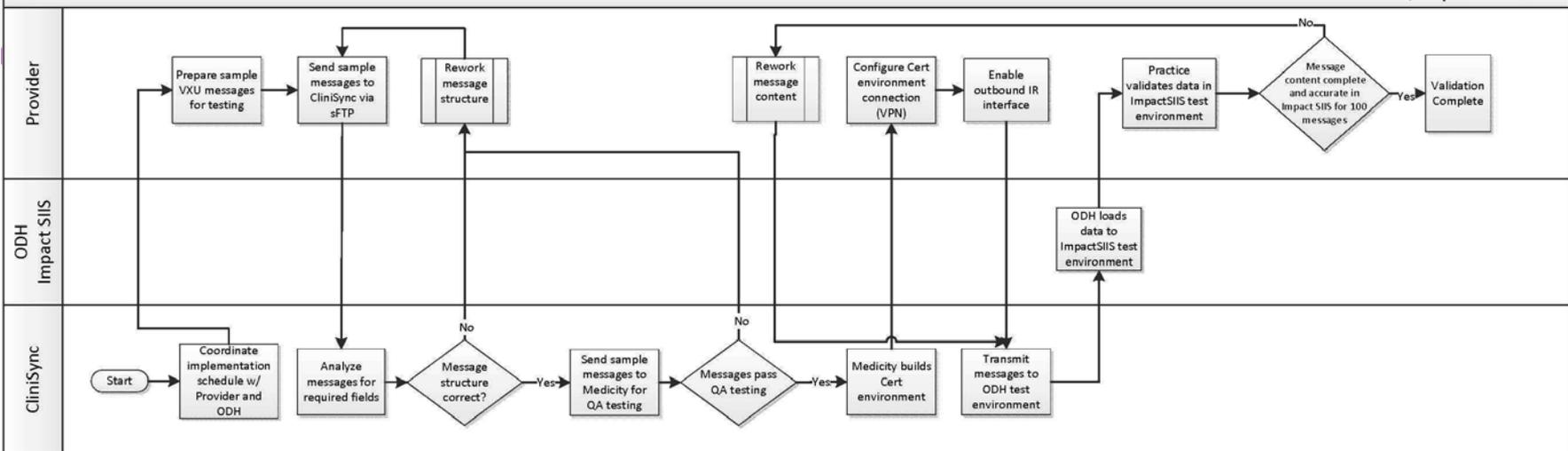
2. ODH – HIE Partnership

- Create ongoing HL7 data exchange with ODH programs through OPHIG
- Enhance Immunization Online Enrollment and Provider Management Tool
 - New providers will electronically enroll to submit health data to ODH
 - ✓ Email notification
 - ✓ Manage customer relationships:
 - ✓ Provider and vendor contact information
 - ✓ EMR product and version
 - ✓ Generate summary reports

HIE - ODH Workflow Diagrams

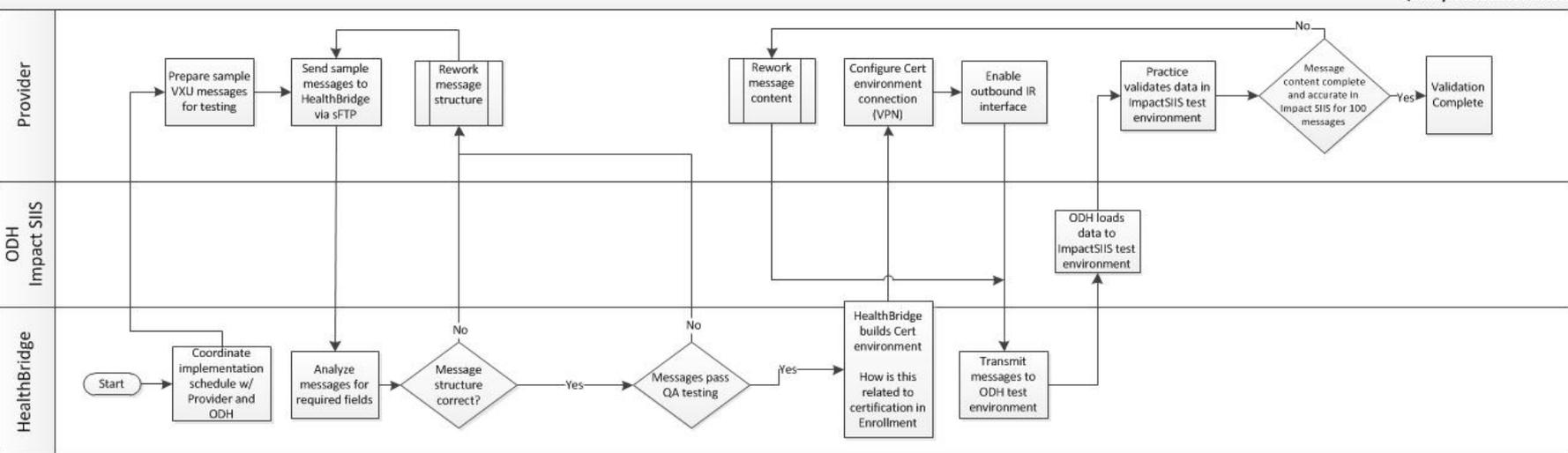
Immunization Registry Reporting via CliniSync HIE (DRAFT)

Quality Assurance Phase



Immunization Registry Reporting via HealthBridge HIE (DRAFT)

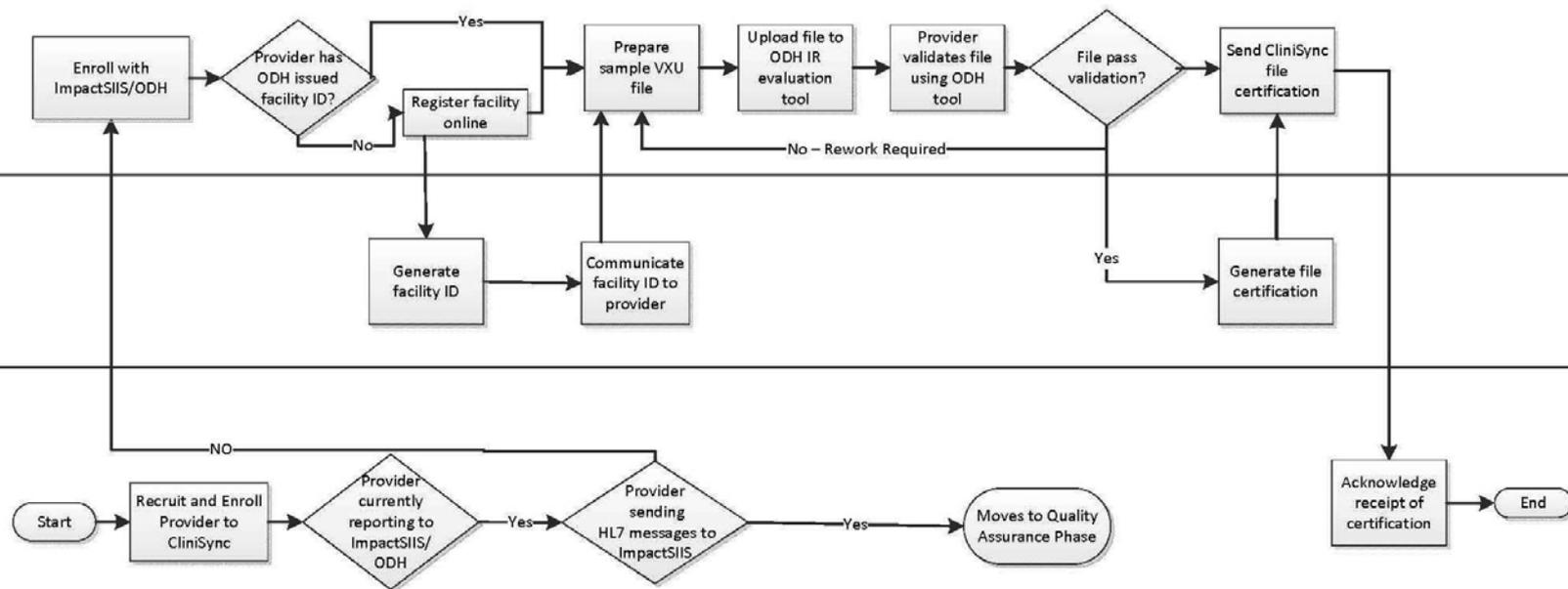
Quality Assurance Phase



HIE - ODH Workflow Diagrams

Immunization Registry Reporting via CliniSync HIE (Last Revised 8/28/12 5:16pm)

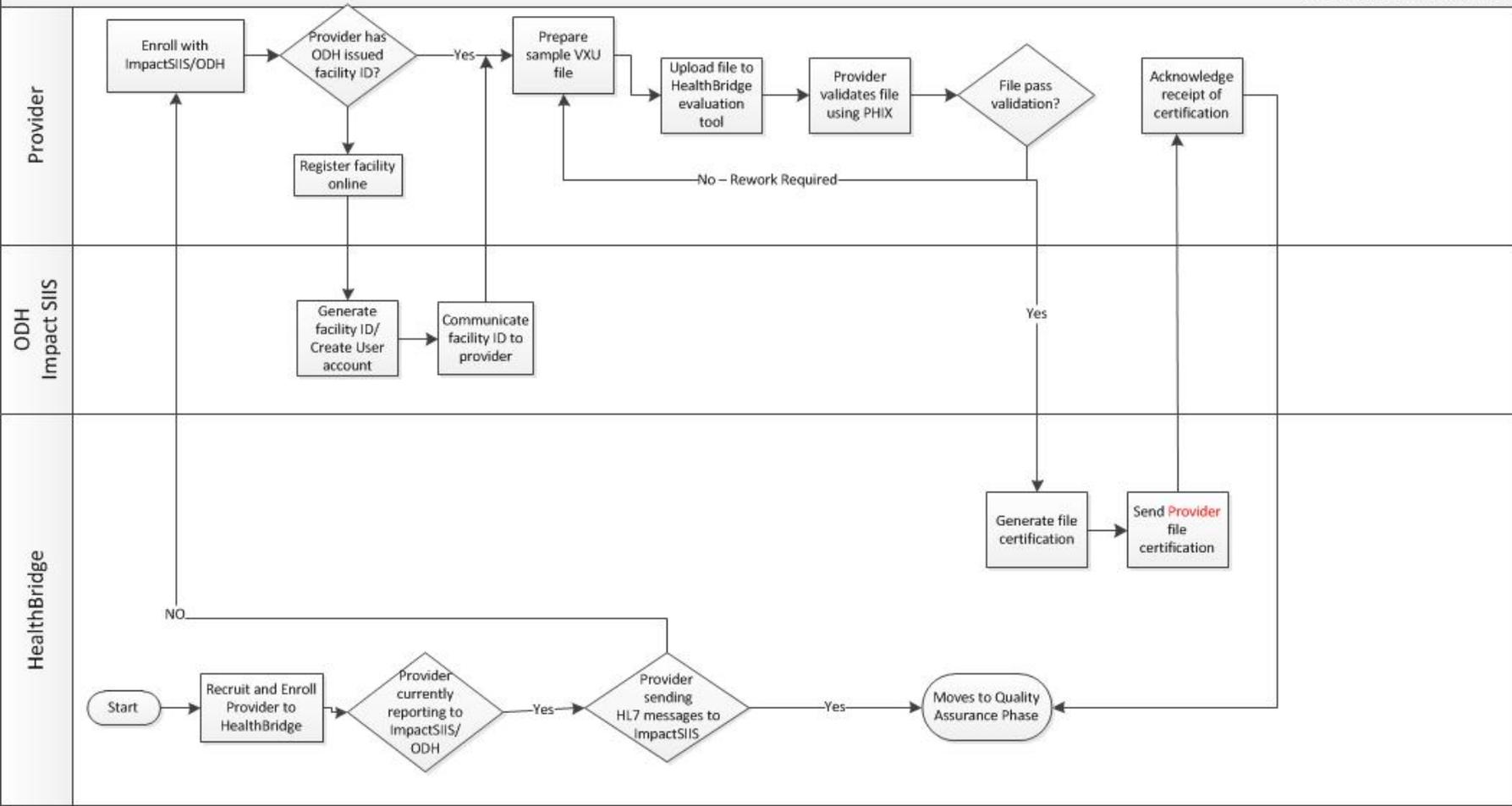
Enrollment and Validation



HIE - ODH Workflow Diagrams

Immunization Registry Reporting via HealthBridge HIE (Last Revised 9/4/12 10:16am)

Enrollment and Validation



HIE Update:

Immunization Activities	Meets	Partial	Not met	comments
Create connection with ODH interface/exchange. CliniSync HealthBridge	X X			
HIE worked with Vendor/Provider to generate and format messages CliniSync (SOMC) HealthBridge (Family Physicians of Urbana)	 X X			
HIE validates messages CliniSync HealthBridge	 X X			CliniSync will use ODH Tool HealthBridge currently uses PHIX, but is interested in ODH Tool
Transmit messages to ODH drop location CliniSync HealthBridge	 X X			
Immunization Data Exchange Workflow Chart CliniSync HealthBridge	 X X			
Data quality acceptable for production CliniSync HealthBridge	 X X			

Electronic Laboratory Reporting Activities	Meets	Partial	Not Met	Comments
Create connection with ODH interface/exchange. CliniSync (St Rita) HealthBridge	X X			
HIE worked with Vendor/Provider to generate and format message(s) CliniSync (St Rita) HealthBridge (Springfield Regional Med Center is Live)	X X			
HIE validates messages CliniSync HealthBridge	X X			
Transmit messages to ODH drop location	X X			
Data quality acceptable for production CliniSync HealthBridge	X		X	

Syndromic Surveillance Activities	Meets	Partial	Not Met	Comments
Create VPN connection with HMS interface/exchange. CliniSync HealthBridge	X X			
HIE worked with Vendor/Provider to generate and format messages CliniSync HealthBridge	X X			
HIE validates messages CliniSync HealthBridge	X X			HMS validates messages
Transmit messages to HMS drop location via VPN CliniSync HealthBridge	X X			
Data quality acceptable for production CliniSync HealthBridge	X		X	HB - Currently not sending HL7 messages

ODH Interoperability Initiative

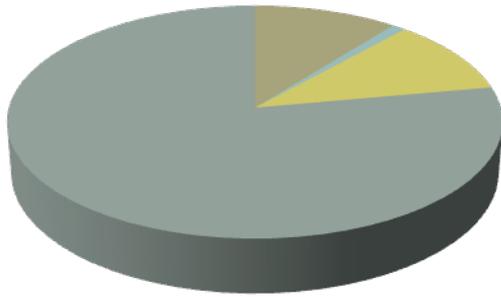
3. ImpactSIIS Interoperability Project (CDC PPHF Grant partially funded)

- Funding to assist with OPHIG Dashboard Development
- Data Quality – enhance de-duplication algorithms and filters
- Conversion of Immunization messaging processing to ODH standard BizTalk
- Bi-directional – real time Query and Response messaging
- Enhance non-HL7 and 2.3.1 HL7 providers
- Daily Batch VXU messages from CliniSync

Current Electronic Reporting

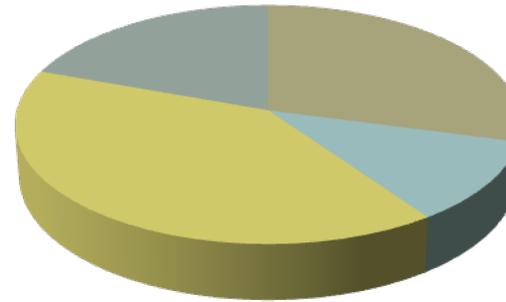
HL7 Syndromic Surveillance

HealthBridge 21 hospitals since 2004
CliniSync 1 hospital since 2012



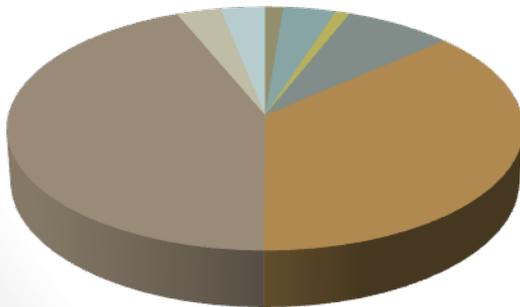
- Urgent Care (21)
- Outpatient Care (2)
- Private Physician (21)
- Hospitals (155)

Lead Program



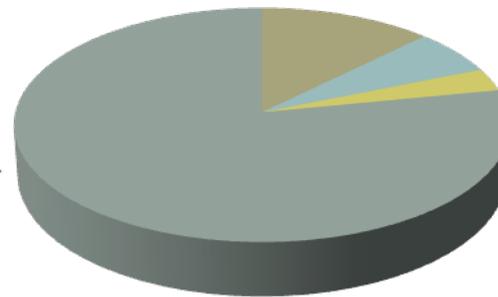
- Labs (21)
- Health Departments (8)
- Private Physicians (29)
- Hospitals (14)

Immunization Program



- HL7 FQHC/PHC (20)
- FQHC/PHC (58)
- HL7 Health Departments (16)
- Health Departments (119)
- HL7 Private Provider (580)
- Private Provider (693)
- HL7 Hospitals (49)
- Hospitals (37)

Electronic Lab Reporting



- National Reference Labs (4)
- Public Health Labs (2)
- Other (1)
- Hospitals (25)

Summary and Challenges:

- Limited reporting from HIEs:

- CliniSync

- Immunizations: Currently not sending (pending resolution of batching and lot number); CliniSync focus on Hospitals

- ELR: Currently not sending (Begin 1st Quarter 2013)

- Syndromic: 3 connections, 1 provider sending production data

- HealthBridge

- Immunizations: currently sending 1 provider (not new to ImpactSIIS)

- ELR: 1 hospital sending ongoing production

- Syndromic: 21 hospitals since 2004 (currently not sending HL7, to begin 2013)

- Incomplete and non-standardized data

- Immunizations: Lot numbers (vendor issue)

- ELR: use of non standard codes (loinc, snomed . . .); creating appropriate filters and triggers for reportable test and results

- Syndromic: meaningful use requirements not met

Summary and Challenges:

- Modernization of systems

 - Adapting existing systems to accept HL7 messages
 - Need for master patient/provider index

- Job classification and duties to reflect HIT activities

- Ongoing funding resources to support HIT activities

 - Interoperability Grant expires August 30, 2013

 - Programs connection to OPHIG

 - Explore alternative funding sources (Medicaid Interagency Agreement for MU)

Questions?

FCC CHAIRMAN GENACHOWSKI ANNOUNCES UP TO \$400 MILLION HEALTHCARE CONNECT FUND TO CREATE & EXPAND TELEMEDICINE NETWORKS, INCREASE ACCESS TO MEDICAL SPECIALISTS

FCC WILL BEGIN ACCEPTING APPLICATIONS FOR THE HEALTHCARE CONNECT FUND BEGINNING LATE SUMMER OF 2013

Today, at the Oakland Children's Hospital & Research Center, FCC Chairman Genachowski was joined by the Alameda County Health Care Services Agency, the California Telehealth Network, and the Juvenile Justice Center to announce that up to \$400 million in annual funding will be made available to healthcare providers as part of the FCC's new Healthcare Connect Fund. Beginning in 2013, the FCC's new Healthcare Connect Fund will spur the development of broadband networks to support modern telemedicine, which will link urban medical centers to rural clinics or provide instant access to health records.

The Fund, which expands the Commission's health care broadband initiative from pilot to program, will allow thousands of new providers across the country to share in the benefits of connectivity and dramatically cut costs for both hospitals and the Universal Service Fund. These transformational changes build on major FCC reforms across the universal service system. The FCC will begin accepting applications for the Healthcare Connect Fund beginning in late summer of 2013.

FCC Launches New Healthcare Connect Fund to Promote Health Care Provider Networks and Increase Access to Specialists:

- The new Healthcare Connect Fund program builds on the success on the FCC's Rural Healthcare pilot program and will expand the Commission's health care broadband initiative from pilot to permanent program.
- For years, the FCC's primary healthcare program made it difficult for hospitals serving rural patients to get high bandwidth connections needed for modern telemedicine by limiting the services eligible for funding, and by making it hard for consortia to effectively bargain for the lowest cost service.
- The new Healthcare Connect Fund Program Goals:
 - Increase access to broadband for health care providers (HCPs), especially those serving rural areas.
 - Foster development and deployment of broadband health care networks.
 - Maximize impact of the FCC's universal service health care funding
- The Healthcare Connect Fund is expected to bring thousands of new providers across the country into the program, and allow thousands more to upgrade their connections.
- Using lessons learned from these pilots, the Healthcare Connect Fund could cut the cost of robust broadband health care networks in half, through group purchases by consortia and other efficiencies.
- New Skilled Nursing Facilities Pilot Program, set to launch in 2014, will test how to support broadband connections for skilled nursing facilities. Funding will be up to \$50 million total over a three-year period.

How the Healthcare Connect Fund Works:

- The Fund will provide patients at hospitals and clinics around the country access to specialists at major healthcenters through telemedicine, and support the exchange of electronic health records (EHRs), leading to better coordination of patient care and lower costs. Specifically, the Fund will:
 - Support broadband connectivity and broadband networks for HCPs.
 - Encourage formation of state and regional health care consortia to save costs and expand access to health care.
 - Provide a 65% discount on broadband services, equipment, connections to research and education networks, and HCP-constructed and owned facilities (if shown to be the most cost-effective connectivity option), while requiring a 35% HCP contribution.
- The FCC will begin accepting applications for the Healthcare Connect Fund beginning in late summer of 2013.
- Eligibility: Public or not-for-profit hospitals, rural health clinics, community health centers, health centers serving migrants, community mental health centers, local health departments or agencies, post-secondary educational institutions/teaching hospitals/medical schools, or a consortia of the above
 - Non-rural HCPs may participate in Healthcare Connect Fund as part of consortia; consortia must remain majority rural
- Funding Caps
 - Cap on total funding for FCC Rural Health Care Programs, including Healthcare Connect Fund and Skilled Nursing Facilities Pilot, is \$400 million annually.
 - Cap for upfront payments in Healthcare Connect Fund is \$150 million annually.

FCC's Role in Expanding Connectivity for Health Care:

- Broadband can revolutionize health care in our country, with powerful potential to improve quality of care for patients, while saving billions of dollars across the system. The FCC has been actively working to promote broadband access for health care since the original Rural Health Care Program in 1997.
- In 2006, the FCC launched its Rural Health Care Pilot Program to learn how to more effectively support broadband healthcare networks, and it now funds some 50 active Pilots across the nation, including the California Telehealth Network, which includes Oakland's Children's Hospital.
- The new Healthcare Connect Fund transforms the Commission's broadband funding initiative from pilot to permanent program

Technology is Transforming Health Care and Driving Innovation:

- *Improving health outcomes:* Telemedicine applications provided over robust broadband networks can facilitate immediate diagnoses and care needed to prevent lasting damage to stroke victims, prevent premature births and deliver psychiatric treatment for patients in rural areas
- *Driving down costs through telemedicine:* In South Dakota, e-ICU services have saved eight hospitals over \$1.2 million in patient transfer costs over just 30 months. In upstate New York, a network of about 50 providers expect \$9 million in cost savings from providing cardiology, trauma, mental health, neurology and respiratory services over their broadband connections.
- *Expanding access to specialists:* At Barton Memorial Hospital, part of the California Telehealth Network and a recipient of FCC Universal Service funding, doctors and nurses are using broadband to enable remote examination through a live IP video feed and a relatively inexpensive telemedicine cart. Barton has expanded its remote services to include cardiology, infectious disease, neurology and other specialties for which there are no specialists at Barton.

More Information on the Health Care Connect Fund:

- Health Care Connect Fund order: www.fcc.gov/document/fcc-releases-healthcare-connect-order
- FCC Health Initiatives: www.fcc.gov/health
- Universal Service Administrative Co. (USAC) website: www.usac.org/rhc

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