

REQUEST FOR PROPOSAL #1

Statewide Network Design
for the
Association of Washington Public Hospital Districts and the
Washington Telehealth Consortium
Participants in the
Federal Communications Commission Rural Broadband Pilot Program

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1. Introduction

The Association of Washington Public Hospital Districts requests proposals to design the “next generation” statewide network infrastructure to electronically connect providers, patients, payers, other health care organizations, and public health agencies in Washington State for the delivery of telehealth, telemedicine and related health services and information. This Request for Proposal (RFP), the evaluation of responses, contract(s) for services and all other aspects of this initiative shall be conducted within the framework and requirements established for the Rural Broadband Pilot Program (RHCPP) initiated by Federal Communications Commission (FCC). The RHCPP, administered by the Universal Service Administrative Company (USAC), is a support program designed by the FCC to encourage the development of rural broadband networks to provide advanced healthcare telecommunications capabilities and services to rural health care providers.

2. Statement of purpose

This Request for Proposals (the first, and only RFP anticipated under the Pilot Program) seeks contractors for the first phase of what will be a multi-phase project. The first phase is, primarily, the design for the Washington Telehealth Exchange (WTE), which is a next generation network infrastructure to electronically connect providers for telehealth,

telemedicine and the exchange of electronic medical records. Phase I activities include: assessment of current capacities and needs, defining functional requirements and specifications, development of a network design, estimate of initial and ongoing costs of operation, timeline for implementation based on approved design, and criteria for selection of network vendors for Phase II Implementation.

The objective is to design a statewide capacity that allows the interconnection of all major health facilities and provides capacity for voice, video, text, data and file transfer to support the primary service areas. The design will provide for a multi-purpose telehealth and information network that will be available to all health service vendors, hospitals and healthcare clinics operating in Washington State, including but not limited to or constrained by, the facilities listed in Appendix A. The proposed design will enable the WTE to interconnect Washington's disparate telehealth networks and other advanced communications networks.

The ideal solution works with the Washington State Health Information Exchange to leverage secure data and file transport services offered by the HIE. The State HIE also offers a registry of all Providers and healthcare entities in the state and a Master Person Index/Record Locator Service that may be needed to locate patient records in various locations.

3. Background

With leadership and financial support from the Association of Washington Public Hospital Districts (AWPHD), the Washington Telehealth Consortium (WTC) was formed in October, 2006. The WTC is open to rural and urban hospitals, telehealth/telemedicine service providers, telephone/communications carriers and state agencies. Founding members of this consortium include eight healthcare organizations, five of which collectively deliver telehealth services to more than seventy rural communities in the state of Washington (a list of current WTC members is attached to this RFP). The WTC includes all of the state's major non-federal telehealth service providers, the state Department of Health, two network service providers, the Community Health Plan of Washington (a health and medical insurance company owned and operated by the federally qualified health centers in the state), several hospitals and the organizations (AWPHD and the Washington State Hospital Association) that represent the state's hospitals. WTC is in the process of inviting two large infrastructure providers to join the group.

WTC members recognize that creating a seamless, open access, fully interconnected statewide network infrastructure is a complex undertaking and believe that effective, sustainable solutions are likely to be developed and implemented in an incremental fashion. The RHCPP application made by the Association of Washington Public Hospital Districts for the WTC and approved by the FCC, requested funding for the first phase of this broader, multi-year effort.

With this broader vision in mind, AWPHD intends to use federal support from the RHCPP to fund the design of the capacity(ies) required to support local infrastructure, rationalize recurring subscription and connection costs, and eliminate geographic location as a barrier to realizing the benefits of telehealth, telemedicine and health information exchange.

The successful bidder will design the WTE as the comprehensive statewide telecommunications infrastructure necessary to interconnect with the State health information exchange, and focus design on services identified as telehealth and telemedicine. We expect that the State HIE will serve as a hub for all network service providers in the state—allowing networks to link seamlessly to share content and data of all kinds. The WTE will focus on bandwidth and applications that support efficient use of voice, video, web meetings, presence and large image transport. The WTE will connect to the State HIE to create the greatest efficiency in shared users and shared services with minimal duplication of investment and operating expenses.

The WTC envisions the WTE as a networking solution that will allow hundreds of sites: rural hospitals, community migrant health centers, rural clinics, tribal health centers, community health clinics, public health departments, mental health service providers, research centers, urban hospitals to connect with each other, primarily through network service providers, for a variety of telehealth and telemedicine services. We believe substantial progress toward this vision can be realized within three to five years. Washington’s residents will experience improved healthcare quality and efficiency by:

- Adopting common standards for interconnection and information exchange.
- Enhancing the ability of rural healthcare providers to utilize health information exchange and telehealth and telemedicine technologies to improve access to health services.
- Connecting rural health providers to content and services delivered over Washington’s growing number of telehealth networks.
- Bringing professional education opportunities to rural healthcare providers.
- Linking medical research centers to the “practicing” healthcare community to promote clinical best practice and facilitate comprehensive collaborative research.
- Leveraging statewide connectivity to ensure rapid, integrated and coordinated response to a regional or national emergency.

4. Due Date and Contact Instructions

All contact regarding this RFP shall be directed to:

Jeff Mero, Executive Director, AWPHD
Suite 300, 300 Elliott Avenue West Seattle, WA 98119-4118
Phone: 206.216.2519 Fax: 206.577.1929
E-mail: jeffm@awphd.org

Response to this RFP is required within thirty (30) days of the date the RFP is posted on the (USAC) website.. NO RESPONSE WILL BE ACCEPTED AFTER 4 PM PACIFIC DAYLIGHT TIME ON THE DUE DATE. Respondents shall provide seven paper copies of their proposal to Jeff Mero at the above address.

5. Business, Specialty or General Bidder License

a. The Bidder shall include current business license number and expiration date issued by the State of Washington authorizing it to engage in business in the State of Washington.

b. Any bidder not currently licensed to do business in the State of Washington shall certify that it will become duly licensed prior to the execution of a contract related to this solicitation.

6. Interpretation of RFP

a. All questions regarding this RFP should be submitted in Microsoft Word format to Jeff Mero at the e-mail address above at least twelve (12) calendar days prior to the RFP response due date.

b. Bidders requiring interpretation of this RFP shall make a written inquiry to: Jeff Mero, Executive Director, AWPFD, Suite 300 Elliott Ave. West, Seattle, WA 98119-4118. Inquiries may also be faxed to (206)577-1929. Bidders maintain full responsibility for making sure that questions are received by Jeff Mero.

c. Questions from and responses to bidders will be shared with all RFP respondents.

7. Proposal Procedures

a. Proposals must be submitted in the form outlined in the Proposal Format and Content section below.

b. Proposals will be accepted only until the time and date set forth in this RFP. ALL PROPOSALS RECEIVED AFTER THAT TIME AND DATE WILL BE RETURNED UNOPENED.

c. Proposals will be opened and checked for completeness after the RFP closes. No proposal will be opened prior to the closing date. No information will be disclosed to the public without prior notification.

d. A technical evaluation committee will, as soon as is reasonably possible, evaluate each of the proposals based upon the Proposal Evaluation Criteria section below. Points will be awarded to each proposal based upon this initial evaluation and may result in a "short list" of up to three bidders. The WTC reserve the right to accept a proposal based upon the initial evaluation without "short listing."

e. If the committee decides not to accept a proposal based upon initial proposal review, the "short listed" bidders will be invited to give an oral presentation to the evaluation team. The short listed bidders will then be scored again based on the Proposal Evaluation Criteria section below.

f. WTC representatives will meet with the top ranked bidder to arrive at a mutually agreeable contract(s). If, after ninety (90) days the negotiations are unsuccessful with the top ranked bidder, the WTC will negotiate with the second ranked bidder for the same time period followed, if necessary, by a similar time period with a third ranked bidder.

g. All contracts are contingent upon receipt of a Funding Commitment Letter by the WTC from USAC for this project.

h. Upon the execution of a contract, the bidder will assist the AWP/PHD with any USAC requirements under the RHCPP, such as the preparation of the Network Cost Worksheet, which is required for the Funding Commitment Letter issued by USAC.

i. Should no bids be deemed acceptable, AWP/PHD reserves the right to re-bid specific items or the entire project.

j. All bid response information is considered confidential. RFP responses will not be shared with other bidders.

k. All bids submitted will receive a closure response via mail consisting of either a) an invitation to enter into a contract or b) a non-award notification letter. Closure responses will be sent to the contact name and address indicated on the bid. Bidders should anticipate a minimum of three weeks to complete the analysis of bids and provide the appropriate closure response.

8. Proposal Format and Content

a. Company Identification – Provide name of company and contact information (name, company, mailing address, phone number, fax number and email address) for the person principally responsible for preparing the proposal. If different individuals or associated companies were responsible for responses to a specific RFP section, please indicate in the responses to each respective section. All RFP responses should also include background information on the bidders' company, including, at a minimum, a brief resume of financial, technical and managerial qualifications, areas of expertise, number of years in business, website URL if applicable, and any other information the bidder feels is important related to its ability to respond to this RFP.

b. Management Plan - Describe your company's organizational structure, the proposed management approach to this project and how project success will be assured. Include information on key personnel, assignment of tasks and approach to general coordination and scheduling. Describe the roles of any other companies that will be involved in the project and how responsibility will be divided.

c. Services - Describe the complete range of services being offered by your company for this project and any support services necessary.

d. Experience - Provide information that describes your company's experience with projects most closely associated with the services requested in this RFP.

e. References - Provide at least 3 references for projects similar to that detailed in this RFP. Include contact name and phone number and description of the project.

f. Service Features Narrative - Describe in narrative format the services your company will provide.

g. Technical Support Narrative - Describe in narrative format the type of technical support, who will provide the technical support and the hours when technical support will be available.

h. Responsible Parties - Provide the name of the individual(s) who will be responsible for the contract, terms and pricing of any contract awarded by AWP/HD/WTC.

i. Cost Proposal - Provide line item break down of all the components necessary to fulfill the services detailed in this RFP.

j. Copies and Form - Each Bidder shall comply with the following:

- Submit seven copies of its proposal.
- Proposals shall be ring bound with each section of the Scope of Work section below separated by tabs.
- Proposals shall be typed or produced via electronic word processing methods. Hand written proposals will not be accepted.
- Bidders must sign their respective proposals
- Bidders must complete the Bidders' Certification Form which is Appendix B to this RFP.

k. SPIN - All bidders responding to this RFP must have a valid Service Provider Identification Number (SPIN) issued by USAC. The bidder SPIN must be provided at the time of the RFP response or the bid may be disqualified. Bidders must make certain that their SPIN includes the checked box qualifying them for participation in the RHCPP. Any questions by bidders related to SPINs or USAC's requirements should be directed to USAC by email (RHCPLOT@usac.com) or by telephone (1-800-229-5476).

l. The design must meet Health Insurance Portability and Accountability Act (HIPAA) security requirements for all information transmitted. Bandwidth must be sufficient to accomplish all functional requirements. Bandwidth requirements and capacity may differ by type of facility.

9. Proposal Evaluation Criteria

Responses will be evaluated on the following criteria:

- Compliance with FCC/USAC RFP guidelines
- Compliance with FCC/USAC RHCPP guidelines
- Solutions, features and suitability of solutions and features to project goals
- Cost effectiveness of the proposed solution

- Past experience designing telehealth, telemedicine and health information exchange solutions
- Satisfaction of previous customers
- Understanding/experience with federal privacy and security guidelines
- Cost of fulfilling the RFP requirements

Although this RFP is issued as a result of the acceptance of the AWPHD RHCPP application by the FCC, AWPHD reserves the right to jointly accept any proposal separate and apart from the RHCPP.

AWPHD is not obligated to accept any proposal. It may accept proposals in whole or in part, or may reject all proposals.

This RFP is not an offer. The proposals will be considered offers which AWPHD may accept or reject, in whole or in part.

AWPHD reserves the right to contact a bidder after submission of bid proposals for the purpose of clarifying a bid proposal to ensure mutual understanding. This contact may include written questions, interviews, site visits, and a review of past performance. This information may be used to evaluate the bidder's proposal. However, the information received from the bidder shall not be considered in the evaluation of a bidder's proposal if the information materially alters the content of the bid proposal.

AWPHD reserves the right to waive deficiencies in a bid proposal. The decision as to whether a deficiency will be waived or will require the rejection of a bid proposal will be at the sole discretion of AWPHD. This reserved right does not diminish AWPHD's right to reject a bid proposal if the bidder fails to comply or respond to any part of this RFP.

10. Scope of Project

This section provides a general overview of (A) the solution(s) required to meet the goals to electronically connect providers, patients, payers, other health care organizations, and public agencies in Washington State for the delivery of telehealth and telemedicine services and related health information; and (B) priority applications and services to be delivered.

A. Required Solutions

The Washington Telehealth Exchange ("the Exchange") will allow any provider connected to the Exchange or to an Exchange-connected network to communicate and exchange health care information with any other provider or service provider that is similarly connected. The Exchange will provide administrative and technical capacity to make cross-network exchange of information, regardless of primary network affiliation routine. (Note: today, the existing networks in Washington have limited ability to communicate across network perimeters. Members of each existing network can exchange information with other members of the same network, but have limited ability to effect information exchange and/or share telehealth activities with members of other networks. Providers and facilities requiring access to sites on more than one network have been required to provision discrete, redundant connections to each network independent of bandwidth requirements.)

Proposed design elements of the Exchange should be flexible and scalable, so additional entities can take advantage of the Exchange in the future. Entities ineligible for RHCPP support will be required to pay their fair share of the cost for their use of the network.

Basic parameters for network design include:

- 1) The network exchange should support inter-participant QoS/traffic prioritization
- 2) The network exchange should support any type of IP-based traffic and applications
- 3) No application-specific hardware or software should be included in the design except to the extent necessary to support QoS or network management
- 4) The network exchange should accommodate the possibility of multiple peering locations in the future
- 5) Privacy and security assurances
- 6) Recommendations for connecting and calculating usage
- 7) Recommendations to maximize network efficiency
- 8) Options for sustainability, including models and funding sources
- 9) Interoperability with State HIE to leverage secure exchange of data and files.
- 10) Interface with State HIE to leverage Provider Registry (to help locate providers to share communications with), Master Patient Index.(to match patient records), and Record Locator Service (to find locations where an individual patient has care records base don prior services),

B. Applications to be Supported

Providers utilize telecommunications infrastructure networks for numerous purposes. RFP respondents should assume that maximum flexibility of application and data support is desirable. In many cases, several applications will be in use at the same time in a single location—for example, transfer of digital images will occur at the same that a chronic disease management group is connecting for a video conference with a nutritionist in a remote location, while health records are being transmitted or shared with a local physician clinic or pharmacy. High priority applications and services are detailed below. The WTC provides a description of these applications to give the bidders a better understanding of the needs and goals of the project.

Education Services: Effective distance education capabilities will dramatically improve the quality of support provided to health professionals at remote locations while simultaneously reducing the time and expense of travel. Education requirements can be met through the following four primary methods:

- 1) Classroom/Lecture Education; 2) One-to-One Education; 3) Library/Archive; 4) External Continuing Education (CE)**

Communication infrastructure and services will be necessary to accomplish remote education and may use any of the four combinations above to achieve the requirements. Professionals that might be the target for such education include community health aides/practitioners, dental health aides, behavioral health aides/practitioners, emergency medical technicians, bio-terrorism response

professionals, administrators, computer/MIS professionals, financial service providers, LPNs, RNs, coding and billing professionals.

1. Classroom/Lecture Education - Classroom/lecture education will require communications sufficient to provide rich media and video with audio, real-time, to or from a variety of sources. The vision is to have physicians, health professionals, and administrative support personnel located in larger facilities provide live lectures and have any number of personnel located at any number of hospitals and clinics participate by viewing the video and audio of the lecture in real-time. Lectures should also be able to be captured, indexed, and stored for future review by personnel in a training library. The lectures would then be available for viewing as a “stored library” type of training.

2. One-to-One Education - provide live, on-demand, point-to-point contact between health professionals and educators and any other person connected through the WTE, regardless of their location. One-to-one training may use a combination of two way interactive video, voice, presentations, rich media, document sharing, and computer desktop sharing.

3. Library/Archive - provide the communication infrastructure necessary to allow personnel at any of the participating facilities to access on-line training programs, including lectures previously stored in the training library.

4. External CE - External CE is available from a variety of health-oriented training facilities around the country. The Exchange will allow any user to access any of these courses.

5. Virtual Training Centers – A hosted education center allows an online library of courses and training from vendors, health plans, hospitals, schools, universities and others that create “any time” training options for the healthcare workforce. Pre-recorded web meetings, live web casts, chat sessions, blogs and wikis offer a variety of ways to offer online training to users anywhere in the state. The solution should consider voice over IP and other considerations to provide the greatest capacity for rural facilities to participate in high bandwidth online training options.

Interactive Health Communications Services: Interactive Health Communications Services can be broken down into the following:

1) Patient Communications; 2) Health Professional Grand Rounds; 3) Radiology Image Transfers; 4) Health Information Exchange/Electronic Medical Records.

1. Patient Communications

Patient communications can be divided into four primary areas: (a) behavioral health; (b) patient consultations; (c) patient examinations; and (d) chronic disease support/group education and support. The difference between these primary areas

is the level of interaction required between the doctor or health professional and the patient, and in which direction communications need to be directed. All patient communications must be secure, including all video and audio communications.

a.) Behavioral Health - provide the capability for the patient and health professional to have excellent video and audio communications for purposes of a remote behavioral health visit to allow close observation of the patient during the session. Communications for use in behavioral health are anticipated to be accomplished via video and synchronized audio between a health professional or patient in a remote location and a health professional in a larger community.

b.) Patient Consultations - allow a patient in a remote clinic or hospital to hear and see a health professional located in a different location for purposes of consultation. Communications for patient consultations are anticipated to be accomplished via video conferencing between a patient in a remote location and a health professional in a larger facility.

c.) Patient Examinations - provide the capability for a health professional to visually examine a patient utilizing a telemedicine cart and focusing on high quality images. Communications for use in patient examinations are anticipated to be accomplished via data transfers to view high quality images or, where video conferencing is required, using a higher quality, lower frame-rate video conference to communicate detail.

d.) Chronic Disease Support/Group Education and Support - provide the capability for a health professional or other qualified individual to connect with a group of patients or patient care-givers to offer group education and support for the management of chronic disease. The primary communication infrastructure must provide full-motion video. All communications must be secure to prevent unauthorized access to patient information. Application must be user-friendly and allow facility personnel to select the “target” facility with which communications will occur.

2. Health Professional Grand Rounds

Allow physicians, nurses, or other health professional(s) at a regional medical facility to review existing patient(s) progress and condition during their daily rounds and to be able to communicate the information, in real-time, to health professionals in remote locations: hospitals, clinics and sub-regional clinics. The primary communication infrastructure must provide full-motion video. All communications, including video and text, must be secure to prevent unauthorized access to patient information. Application must be user-friendly and allow facility personnel to select the “target” facility with which communications will occur.

3. Radiology Image Transfers

The objective of radiology image transfers is to provide physicians and other approved personnel the ability to see images captured in a remote setting before the patient leaves the setting. Images are transferred to a radiologist reading office for professional review. Findings are dictated or electronically recorded by the radiologist, who electronically verifies the reports before they are distributed to the network for the ordering provider to use in his/her diagnosis and treatment of the patient. The transfer of images and reports is critical to the timely treatment of the patient. Images are often further transferred to another facility when the patient is being transferred for further treatment.

4. Health Information Exchange/Electronic Medical Records

Health information exchange is defined as the mobilization of healthcare information electronically across organizations within a region or community. For purposes of this RFP, the design must allow for exchange of information necessary to support remote clinical consults. Data and file transports of clinical information should leverage local and the State HIE to minimize redundant investments and maximize cross use of the networks by as many participants as possible. In scope is the capacity planning and connection to the HIE source options to simplify using WTE voice and video networks with Electronic clinical records.

Summary

The successful bidder will design a statewide capacity that allows the interconnection of all major health facilities and provides capacity for voice, video, and images. The design should support connection to the State or local HIE for text, data and file transfer to support the primary service areas. The designed capacity must meet Health Insurance Portability and Accountability Act (HIPAA) security requirements for all information transmitted. Bandwidth must be sufficient to accomplish all functional requirements. Bandwidth requirements and capacity may differ by type of facility.

Appendix A: List of Facilities

The following list includes 125 healthcare facilities in Washington State that will benefit from the creation of the Washington Telehealth Exchange. The organization's name, address, city, zip code, phone, RUCA code and network affiliation are included for each listed facility. Network Affiliation is indicated by the following key:

- 1 – INHS's Northwest Telehealth Network
- 2 – Children's Hospital CHART Network
- 3 – University of Washington Medical School Network
- 4 – North Olympic Telehealth Network
- 5 – GCI's Medical Wide Area Network
- 6 – Virginia Mason Medical Center Network

	Organization Name	Address	City	Zip	Phone	RUCA	Network Affiliation
1	Caribou Trail Professional Medical Services	520 W Indian Ave.	Brewster	98812	(509) 689-4000	10	5
2	Caribou Trail Professional Medical Services	529 Jasmine St.	Omak	98841	(509) 826-6704	7	5
3	Cascade Medical Center #	817 Commercial Street	Leavenworth	98826	(509) 548-5815	10.4	5
4	Central Washington Hospital	1201 South Miller Street	Wenatchee	98801	(509) 662-1511	1	1, 2, 5
5	Children's Hospital	4800 Sand Point Way NE	Seattle	98105	(206) 987-2000	1	2, 3
6	Clallam Bay Medical Clinic	74 Bogachiel St	Clallam Bay	98326	(360) 374-6998	10	3, 4
7	Clallam County Department of Health and Human Services	223 E 4th St	Port Angeles	98362	(360) 417-2303	4	4
8	Columbia Basin Hospital *	200 Nat Washington Way	Ephrata	98823	(509) 754-4631	7.4	1
9	Columbia Valley Community Health Clinic	600 Orondo Avenue, Ste 1	Wenatchee	98801	(509) 662-6000	1	1, 5
10	Coulee Community Hospital *	411 Fortuyn Road	Grand Coulee	99133	(509) 633-1753	10	1, 5
11	Coyote Ridge Corrections Center	1301 N Ephrata Ave	Connell	99326	(509) 543-5800	7.3	1
12	Dayton General Hospital *	1012 S. Third Street	Dayton	99328	(509) 382-2531	7.4	1
13	Deaconess Behavioral Medicine	800 W 5th Avenue	Spokane	99204	(509) 458-5800	1	1
14	Deaconess Medical Center	800 West Fifth Avenue	Spokane	99204	(509) 458-5800	1	1, 2
15	Deaconess Reginal Hyperberic and Comp Wound Care Center	800 W 5th Avenue	Spokane	99204	(509) 458-5800	1	1
16	Deer Park Hospital *	1015 E. D Street	Deer Park	99006	(509) 382-2531	2	1
17	Enumclaw Regional Hospital *	1450 Battersby Avenue	Enumclaw	98022	(360) 825-2505	1	1
18	Family Medicine Spokane / Internal Medicine	104 W 5th Avenue	Spokane	99204	(509) 624-2313	1	1
19	Ferry County Memorial Hospital *	36 Klondike Road	Republic	99166	(509) 775-3333	10	1, 5
20	Forks Community Hospital *	530 Bogachiel Way	Forks	98331	(360) 374-6271	7	2, 3, 4, 6
24	Grays Harbor County Public Health & Social Services Dept.	2109 Sumner Ave	Aberdeen	98520	(360) 532-8631	4	1
25	Harborview Medical Center	325 Ninth Avenue	Seattle	98104	(206) 731-3000	1	3
26	Harrison Memorial Hospital	2520 Cherry Avenue	Bremerton	98310	(360) 377-3911	1	3
27	Healthy Options Home Health	657 Okanogan Avenue	Wenatchee	98801	(509) 663-9585	1	5
28	Highline Medical Center/Specialty Campus	12844 Military Road South	Tukwila	98168	(206) 244-0180	1	1
29	Holy Family Hospital	5633 North	Spokane	99208	(509) 482-0111	1	1

		Lidgerwood St.					
30	Inland Imaging / Duvoisin & Associates	501 N Riverpoint	Spokane	99202	(509) 363-7300	1	1
31	Inland Northwest Blood Center	210 W Cataldo Ave	Spokane	99201	(509) 232-4492	1	1
32	Inter Island Medical Center	550 Spring St.	Friday Harbor	98250	(360) 378-2141	10	3
33	Island Hospital	1211 24th	Anacortes	98221	(360) 299-1300	4.2	3
34	Jefferson General Medical Group	834 Sheridan Avenue	Port Townsend	98368	(360) 385-2200	7	3

Network Key:

- 1 – INHS’s Northwest Telehealth Network
- 2 – Children’s Hospital CHART Network
- 3 – University of Washington Medical School Network
- 4 – North Olympic Telehealth Network
- 5 – GCI’s Medical Wide Area Network
- 6 – Virginia Mason Medical Center Network

	Organization Name	Address	City	Zip	Phone	RUCA	Network Affiliation
35	Jefferson Mental Health Services	884 W. Park Street	Port Townsend	98368	(360) 385-2200	7	3, 4
36	Kennewick General Hospital	900 South Auburn	Kennewick	99336	(509) 586-6111	1	1, 2
37	Kitsap Mental Health	5455 Almira Drive NE	Bremerton	98311	(360) 692-1582	1	3, 4
38	Kittitas Valley Community Hospital *	603 S Chestnut	Ellensburg	98926	(509) 962-9841	4	1
39	Klickitat Valley Heath Services *	310 S. Roosevelt Box 5	Goldendale	98620	(509) 773-4022	7	1
40	Lake Chelan Clinic, P.C. #	219 E. Johnson	Chelan	98816	(509) 682-2511	7.3	5
41	Lake Chelan Community Hospital *	503 E. Highland	Chelan	98816	(509) 682-3300	7.3	1, 5
42	Lincoln Hospital *	10 Nicholls Street	Davenport	99122	(509) 725-7101	10.4	1
43	Makah Tribe - Indian Health Services Clinic	PO Box 115	Neah Bay	98357	(360) 645-2201	10	3, 4
44	Mark Reed Hospital *	322 South Birch Street	McCleary	98557	(360) 495-3244	3	3
45	Mason General Hospital *	901 Mt. View Dr., Bldg. 1	Shelton	98584	(360) 426-1611	4.2	3
46	Medical WAN	285 Technology Center Way	Wenatchee	98801	(509) 669-1030	1	5
47	Mid-Valley Hospital *	810 Jasmine	Omak	98841	(509) 826-1760	7	1, 5
48	Mid-Valley Medical Group Clinic #	529 Jasmine St	Omak	98841	(509) 826-1600	7	5
49	Morton General Hospital *	521 Adams Street	Morton	98356	(360) 496-5112	10.5	3
50	Mount Carmel Hospital *	982 East Columbia	Colville	99114	(509) 684-2561	8	1
51	Newport Hospital & Health Services *	714 West Pine	Newport	99156	(509) 447-2441	2	1
52	North Central EMS	135 S Worthen Ave Ste 300	Wenatchee	98801	(509) 664-4032	1	1
53	North Valley Hospital *	203 S. Western Avenue	Tonasket	98855	(509) 486-2151	10.6	1, 5
54	Northwest Medstar	6315 E. Rutter	Spokane	99212	(509) 536-5462	1	1
55	Northwest TeleHealth	601 W 1st Ave	Spokane	99201	(509) 232-8100	1	1
56	NW Neurological / NW Collaborative Care	507 S. Washington	Spokane	99204	(509) 458-7720	1	1
57	Ocean Beach Hospital *	174 First Ave. North	Ilwaco	98624	(360) 642-3181	7	3
58	Odessa Memorial Healthcare Center *	502 E. Amende	Odessa	99159	(509) 982-2611	10.4	1
59	Okanogan Douglas District Hospital *	507 Hospital Way	Brewster	98812	(509) 689-2517	10	5
60	Okanogan Regional Home Health and Hospice	800 South Jasmine	Omak	98841	(509) 422-6721	7	5
61	Olympic Medical Cancer Center	844 N. Fifth Ave.	Sequim	98382	(360) 683-9895	7.4	6
62	Olympic Medical Center	939 Caroline Street	Port Angeles	98362	(360) 417-7000	4	3

63	Omak Clinic (Wenatchee Valley Clinic) #	916 Koala Dr.	Omak	98841	(509) 826-2109	7	5
64	Othello Community Hospital *	315 North 14th	Othello	99344	(509) 488-2636	7	1
65	Partners with Families and Children	613 S Washington St.	Spokane	99204	(509) 473-4827	1	1

Network Key:

- 1 – INHS’s Northwest Telehealth Network
- 2 – Children’s Hospital CHART Network
- 3 – University of Washington Medical School Network
- 4 – North Olympic Telehealth Network
- 5 – GCI’s Medical Wide Area Network
- 6 – Virginia Mason Medical Center Network

	Organization Name	Address	City	Zip	Phone	RUCA	Network Affiliation
66	Pend Oreille County Counseling Services	105 S Garden Ave	Newport	99156	(509) 447-5651	2	1
67	Peninsula Mental Health	118 East 8th Street	Port Angeles	98362	(360) 457-0431	4	3, 4
68	Prosser Memorial Hospital *	723 Memorial Street	Prosser	99350	(509) 786-2222	7.3	1
69	Providence Services (Administrative)	9 E. 9th Avenue	Spokane	99202	(509) 474-7337	1	1
70	Pullman Regional Hospital *	835 SE Bishop Blvd.	Pullman	99163	(509) 332-2541	4	1
71	Quileute Tribal Health Clinic	560 Quileute Hts	La Push	98350	(360) 374-5700	7	4
72	Quincy Valley Medical Center *	908-10th Ave SW	Quincy	98848	(509) 787-3531	7	1
73	Sacred Heart Children's Hospital	101 West Eighth Avenue	Spokane	99204	(509) 474-4841	1	1
74	Sacred Heart Medical Center	101 West Eighth Avenue	Spokane	99204	(509) 474-3040	1	1
75	Sacred Heart Providence Neuroscience Center	101 West Eighth Avenue	Spokane	99204	(509) 474-3081	1	1
76	Sacred Heart Women's Health Center	101 West Eighth Avenue	Spokane	99204	(509) 474-2400	1	1
77	Seattle Cancer Care Alliance	825 Eastlake Ave E,	Seattle	98109	(206) 288-7222	1	3
78	Shriners Hospital for Children	911 West Fifth Avenue	Spokane	99204	(509) 455-7844	1	1
79	Skagit Valley Hospital	1415 E. Kincaid	Mount Vernon	98273	(360) 424-4111	1	3
80	Skyline Hospital *	211 Skyline Drive Box 99	White Salmon	98672	(509) 493-1101	4	1, 2
81	Spokane Department of Human Services	808 W. Spokane Falls Blvd	Spokane	99201	(509) 625-6130	1	1
82	Spokane Family Medicine	104 West 5th, Suite 200W	Spokane	99204	(509) 624-2313	1	1
83	Spokane Veterans Affairs Medical Center	4815 N Assembly	Spokane	99205	(509) 434-7000	1	1
84	St. Joseph Hospital	2901 Squalicum Parkway	Bellingham	98225	(360) 734-5400	1	3
85	St. Joseph Hospital *	500 East Webster	Chewelah	99109	(509) 935-8211	10	1
86	St. Luke's Rehabilitation Institute	711 South Cowley Ave	Spokane	99202	(509) 473-6298	1	1
87	St. Mary Medical Center	401 W. Poplar, Box 1477	Walla Walla	99362	(509) 525-3320	4	1
88	Sunnyside Community Hospital *	1016 Tacoma Avenue	Sunnyside	98944	(509) 837-1500	4.2	1
89	Tri-State Memorial Hospital *	1221 Highland Ave.	Clarkston	99403	(509) 758-5511	1	1
90	United General Hospital *	2000 Hospital Drive	Sedro-Woolley	98384	(360) 856-6021	1	3
91	University of Washington Medical Center	1959 N.E. Pacific Street	Seattle	98195	(206) 598-3300	1	3

92	UW Eastside Specialty Center	1700 116th Avenue NE	Bellevue	98004	(425) 646-7777	1	3
93	UW Hall Health	University of Washington, E. Stevens Circle, Box 354410	Seattle	98195	(206) 685-1011	1	3
94	UW Medical Center at Roosevelt	4245 Roosevelt Way NE	Seattle	98105	(206) 598-5566	1	3

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	Organization Name	Address	City	Zip	Phone	RUCA	Network Affiliation
95	UW Medicine Neighborhood Clinic - Auburn	923 Auburn Way North	Auburn	98002	(253) 333-9000	1	3
96	UW Medicine Neighborhood Clinic - Belltown	2505 2nd Ave., Suite 200	Seattle	98121	(206) 443-0400	1	3
97	UW Medicine Neighborhood Clinic - Factoria	13231 SE 36th Street	Bellevue	98006	(425) 957-9000	1	3
98	UW Medicine Neighborhood Clinic - Federal Way	32018 23rd Ave. South	Federal Way	98003	(253) 839-3030	1	3
99	UW Medicine Neighborhood Clinic - Issaquah	1455 11th Ave. NW	Issaquah	98027	(425) 391-3900	1	3
100	UW Medicine Neighborhood Clinic - Kent / Des Moines	23213 Pacific Highway South	Kent	98032	(206) 870-8880	1	3
101	UW Medicine Neighborhood Clinic - Shoreline	1355 North 205th St.	Shoreline	98133	(206) 542-5656	1	3
102	UW Medicine Neighborhood Clinic - Woodinville	17638 140th Ave. NE	Woodinville	98072	(425) 485-4100	1	3
103	UW Medicine Regional Heart Center - Alderwood	18631 Alderwood Mall Parkway	Lynnwood	98037	(425) 774-8251	1	3
104	UW Nursing Education	1959 NE Pacific Street	Seattle	98195	(206) 598-4741	1	3
105	UW Sports Medicine Clinic	3850 Montlake Blvd NE	Seattle	98195	(206) 543-1552	1	3
106	Valley Hospital and Medical Center	12606 E. Mission Avenue	Spokane Valley	99216	(509) 924-6650	1	1
107	Veteran's Administration Puget Sound Health System	1660 South Columbian Way	Seattle	98108	(206) 762-1010	1	3
108	Virginia Mason Bellevue	222 112th Ave. N.E.	Bellevue	98004	(425) 637-1855	1	6
109	Virginia Mason Central Offices (Administrative)	1100 Ninth Ave.	Seattle	98101	(206) 624-1144	1	6
110	Virginia Mason Federal Way	33501 First Way. S.	Federal Way	98003	(253) 838-2400	1	6
111	Virginia Mason Issaquah	100 N.E. Gilman Blvd.	Issaquah	98027	(425) 557-8000	1	6
112	Virginia Mason Kirkland	13014 120th Ave. N.E.	Kirkland	98034	(425) 814-5100	1	6
113	Virginia Mason Lynnwood	19116 33rd Ave. W.	Lynnwood	98036	(425) 712-7900	1	6
114	Virginia Mason Sand Point Pediatrics	4575 Sand Point Way N.E.	Seattle	98105	(206) 525-8000	1	6
115	Virginia Mason Seattle Main Clinic / Hospital	1100 Ninth Avenue	Seattle	98111	(206) 223-6600	1	6

116	Virginia Mason Sports Medicine Clinic	904 Seventh Ave.	Seattle	98104	(206) 223-6487	1	6
117	Virginia Mason Winslow	380 Winslow Way E.	Bainbridge Island	98110	(206) 842-5632	1	6
118	Walla Walla Department of Human Services	1520 Kelly Place	Walla Walla	99362	(509) 527-3278	4	1
119	Washington Department of Health	101 Israel Road SE	Tumwater	98591	(360) 236-4030	10.5	1
120	Washington State Penitentiary	1313 N. 13th Ave.	Walla Walla	99362	(509) 525-3610	4	1
121	Wenatchee Valley Medical Center	820 North Chelan Avenue	Wenatchee	98801	(509)663-8711	1	5
122	Wenatchee Valley Oroville Clinic	1617 Main St	Oroville	98844	(509) 476-3631	10	5
123	West End Outreach Services	530 Bogachiel Way	Forks	98331	(360) 374-6177	7	3, 4
125	Willapa Harbor Hospital *	800 Alder Street	South Bend	98586	(360) 875-5526	7	3

Appendix B: WTC Members

- The Association of Washington's Public Hospital Districts (AWPHD)
- The Community Health Plan of Washington
- Forks Community Hospital
- GCI Connect MD
- Garfield County Memorial Hospital
- Inland Northwest Health Services
- University of Washington Medicine
- Virginal Mason Medical Center
- Washington State Hospital Association
- Washington State Office of Community and Rural Health

