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October 8, 2009

Ex Parte

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: <u>A National Broadband Plan for our Future, GN Docket No. 09-51</u>

Dear Ms. Dortch:

On October 7, 2009, Brian Rice, Andrew Mekelburg, James Turner, Barry Zipp, and William Johnson of Verizon met with Mohit Kaushal, Spencer Hutchins, Pierce Graham-Jones, and Kerry McDermott of the Commission's Omnibus Broadband Initiative team to discuss the Commission's National Broadband Plan proceeding. Specifically, the group discussed Verizon's efforts in the area of health information technology.

Mr. Zipp described Verizon's active involvement with respect to health information technology projects, describing how Verizon is engaged in projects ranging from remote monitoring, to rural health care, to home based care. Mr. Zipp also explained that some future applications – some of which may rely on Internet access services and others of which may use separate, managed services – will require additional bandwidth and/or quality-of-service, particularly with respect to applications that run on mobile devices.

Verizon also distributed the attached materials, outlining activities in the health information technology policy arena.

Please contact me if you have any questions.

Sincerely,

Attachments

cc: Mohit Kaushal
Spencer Hutchins
Pierce Graham-Jones
Kerry McDermott

ATTACHMENT 1

Healthcare IT News

Coalition pushes for more healthcare IT legislation

September 24, 2009 | Diana Manos, Senior Editor

WASHINGTON – The Health IT Now! Coalition announced Wednesday that it will continue to push lawmakers to include measures to promote healthcare IT in any healthcare reform legislation up for consideration.

Leaders of the non-profit organization dedicated to educating lawmakers and the public on the benefits of healthcare IT said they hope this week's National Health IT Week in Washington, D.C. will re-energize policymakers to consider legislation with health IT applications.

"Expanding health IT saves money, saves lives and improves care." said Joel White, executive director of the coalition. "We are encouraged Congress is providing additional changes to incent the adoption and use of health IT. We're encouraging them to go even further. The clear evidence is health IT bends the growth curve in the right way, while improving care and reducing medical errors. This is exactly what needs to be part of health reform."

White said he hopes National Health IT Week will highlight efforts to bring healthcare delivery into the 21st century. While the American Recovery and Reinvestment Act put nearly $23 billion of seed money into creating a nationwide interoperable health IT system, he said, more needs to be done.

At a Capitol Hill briefing Tuesday, lawmakers said they are dedicated to pushing for more healthcare IT provisions. Rep. Patrick Kennedy (D-R.I.), co-chairman of Congress' 21st Century Health Care Caucus, said healthcare providers would continue to need support via legislation, grants and agency guidance, especially with the logistics of applying for funding and adopting electronic health records.

The Senate Finance Committee released a health reform package last week that includes measures to advance healthcare IT. "America's Healthy Future Act," proposed by Senate Finance Committee Chairman Max Baucus (D-Mont.), would encourage value-based purchasing for physicians, hospitals, skilled nursing facilities and home health agencies participating in Medicare. The bill would encourage doctors to coordinate care and reduce duplicate tests and create incentives for healthcare providers to improve quality of care through healthcare IT and combat Medicare fraud and abuse.

The bill is currently under debate by the full committee.

ATTACHMENT 2

The Health IT Now Coalition is a broad-based group with a singular focus: promote the adoption and use of health information technology (HIT) to improve care and lower cost.

Below you will find a report on the Coalition's activity in the first half of 2009. As Congress is considering health care reform legislation and the Administration is making rules and developing standards, it's critical that the Health IT Now Coalition continue its education and advocacy efforts.

Our Efforts

The Health IT Now Coalition works to forge a realistic consensus on policies that promote information technology. We do this through education and advocacy.

On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act. The law provides $22.8 billion in funding incentives through the Department of Health and Human Services for the adoption, use, maintenance, training, education and research for health information technology (HIT). The Coalition was instrumental in advocating for this provision.

Advocacy:

- Regular meetings with Members of Congress and their staff, Administration officials and interested stake holders;
- Research and policy analysis on legislation, regulations, and trends in health care;
- Regular media placement or opinion editorials, expert interviews and media events.
- Policy and strategy briefings for members and directed at Congress and the academic and advocacy communities. Our briefings have included:

  - **Getting Health IT First Step Done, Capitol Hill Discussion**
    January 28, 2009

  - **Health IT and Telehealth: A Briefing With Rep. Mike Thompson**
    May 28, 2009

  - **Next Steps for Health IT: A Closed Door briefing With Senator Whitehouse and Rep. Mike Thompson**
    June 26, 2009

  - **Health IT: It's Role in Health Care Reform**
    July 17, 2009

  - **The Adoption and Meaningful Use of Electronic Health Records: Briefing with Dr. David Blumenthal**
    September 11, 2009

In addition to our regular advocacy events the Coalition continues to engage in sending letters and documents to the Administration, Congress and stakeholders. Below is a list of the Coalition's recent activity.

Congress

- HIT and Health Reform – Advocacy Letter to Congress.
- Endorsement letter on Rep. Thompson Telehealth Bill.
- Comment Letter to Finance Committee on Delivery System Reforms.
- Endorsement Letter on Rep. Gingrey Accelerated Depreciation Bill.
- Letter Supporting HIT as Part of Stimulus Package.

Letters on Rules

- Comment Letter on Proposed Extension Center Grant Program.
- Comment Letter on FTC Broadband Rule.
- Letter to NCVHS on Meaningful Use Definition.
- Letter to Policy and Standards Committees on Meaningful Use.

Policy Development

- Developed Medicaid Proposal. A modified version was included in the Stimulus Law.
- Health Reform Ideas, included expanded Medicare and Medicaid incentives, hospital admission and readmissions policies.

Policy Documents

- Summary of the Stimulus Law.
- Funding Chart in Stimulus Law.
- Secured CBO score of benefit savings as a result of implementation. CBO showed savings from reduced duplication, administrative costs and better outcomes.
- Side by side of HIT provisions in health reform bills.

Speeches Joel White, Executive Director has Given

- National Medical Association Annual Meeting
- AHIMA Long Term Care Pharmacy Conference
- Latino Coalition Economic Development Summit

Since the Coalition was formed in June of 2007, we have held hundreds of advocacy meetings with Members of Congress and their staff, Administration officials and the advocacy and academic communities to promote our agenda. The Coalition also maintains a regular bi-monthly call to update members on recent activity and discuss current policy.

Online Advocacy:

In addition to hosting events, advocating for common sense policy to congress and the administration, the Coalition maintains a website (www.healthitnow.org) as a landing page for stakeholders, policy makers and Coalition members to retrieve information as well as a platform for the Coalition to deliver messaging. The website also has a blog feature which welcomes guest blogs from Coalition members.

The Health IT Now Coalition also has a Twitter account which allows the Coalition to have another platform to deliver messaging and advocate for policy.

Health IT Now Member

- Aetna
- Alliance for Plasma Therapies
- American Academy of Nursing
- The American Cancer Society Cancer Action Network
- The American Diabetes Association
- American Health Care Association
- American Heart Association
- American Homeowners Grassroots Alliance
- American Telemedicine Association
- AmerisourceBergen
- The Boeing Company
- Bronx Regional Health Information Organization
- Business Roundtable
- Cigna
- Consumers for Competitive Choice
- DCPCA
- The Dow Chemical Company
- FasterCures
- Genetic Alliance
- Health Tech Strategies
- International Brotherhood of Electrical Workers
- Latino Coalition
- Marshfield Clinic
- Mercy Medical Center
- Montefiore Medical Center
- National Alliance for Caregiving
- National Alliance on Mental Illness
- National Association of Health Underwriters
- National Association of Manufacturers
- National Association of Chain Drug Stores Foundation
- National Center for Assisted Living
- National Disease Clusters Alliance
- National Medical Association
- National MS Society
- National Patient Advocate Foundation
- National Retail Federation
- New York Presbyterian Hospital
- Nortel
- Parkinson's Action Network
- Pharmaceutical Care Management Association
- Research!America
- RetireSafe
- Seniors Coalition
- Society for Human Resource Management
- United Health
- US Chamber of Commerce
- US Oncology
- Vanderbilt Center for Better Health
- Verizon
- WebMD Health Corp
- Whitman-Walker Clinic
- Women Work!
- World Institute on Disability
- Xerox Corporation

ATTACHMENT 3

June 26, 2009

Office of the National Coordinator for Health Information Technology
200 Independence Ave, SW
Suite 729D
Washington, DC 20201
Attention: HIT Policy Committee Meaningful Use Comments

VIA Email: MeaningfulUse@hhs.gov

Dear Policy Committee Members:

Thank you for the opportunity to comment on the proposed definition and criteria for "meaningful use" of Electronic Health Records (EHR) for purposes of American Recovery Act incentive payments.

The Health IT Now Coalition is a broad-based group with a singular focus: promoting the adoption and use of health information technology (IT). Our membership is diverse; it includes organizations representing health care providers, small businesses, unions, large employers, patient advocates and consumers, insurers, brokers and agents, and others who share our view. We all acknowledge health IT holds the potential to reduce health costs, improve health care and save lives. Because we have profound experience with, and real world knowledge of, health IT, we came together to advocate for common sense policies to make health IT more prevalent.

We encourage you to keep two questions in mind as you continue working to define meaningful use:

- Does it allow the patient to engage more significantly in their health? and
- Will it alleviate burdens on providers sufficiently to incentivize adoption?

With these questions in mind, we suggest viewing your deliberations on meaningful use through the prism of several important principles.

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- **Ease of Use**—EHRs should be easy to access and update, for both patients and health care providers.

- **Convenience**— Location and technology should not be a barrier to utilizing HIT. Both patients and health care providers should be able to access real-time information -- including medical records, lab results and clinical notes -- anytime, from anywhere, as well as adhere to standards of interoperability that increase consumer access points.

- **Control**—The patient should be able to share their medical information with other providers or family members at their discretion.

- **Enhanced Care and Patient Involvement**— The system should incentivize patients to play an active role in their health by simplifying the process and reducing costs. To facilitate adherence to plans of care, patients should have multiple access points to their provider and their provider's care instructions.

- **Safety**—Electronic systems should improve consumer safety and quality of care by facilitating coordination and transmission of health information in a timely manner. Health IT should enable providers to quickly identify whether patients are following their care instructions as well as provide opportunities for consultation and guidance when they are not. These systems should alert providers to dangerous drug interactions and help reduce duplications in medical procedures.

- **Diverse Needs**—In order to be useful, an EHR should serve the needs of different patients and providers. The needs of a patient with multiple chronic conditions are different from those of a trauma patient, just as the needs of a physician at a major medical center are different from a nurse providing home health care. Standards and measures of meaningful use should be appropriate to a provider type and specialty and should create incentives for primary and specialty care providers to adopt.

- **Administrative Simplicity**— Health IT should incentivize provider adoption by reducing the administrative burdens of the insurance process. Furthermore, the system should reconcile episodic care and diagnostic bills with insurance payments through a standard consumer portal.

- **Technology Neutral**—It is important to ensure interoperability, but equally important that standards are technology neutral to allow flexibility to take advantage of innovations and new and emerging technologies beyond bar coding, RFID, etc. Locking one technology in place may stunt the development of better, more efficient systems.

Providers of Care

We are concerned the specific requirements outlined in the proposed matrix present a daunting list of tasks for providers who will weigh Medicare financial incentives against the burden of implementation. We are concerned the proposal will create disincentives for providers to adopt and use health IT because of these increased burdens. Anemic initial participation may lead to later adoption and thus lost efficiencies for the health system, added costs, and poorer health outcomes. We believe the meaningful use definition should create incentives for all providers to adopt health IT, including specialty care providers that treat very sick patients who interact more frequently with the health system.

We also believe a systemic approach to collecting and capturing data is more sound than a piecemeal approach. We encourage you to consider including the various reporting measures developed by the National Quality Forum and used for the Medicare PQRI reporting initiative as measures for collect and capture efforts.

We suggest leveraging the definition of meaningful use to go beyond mere financial incentives to include workflow and practice incentives that will enhance the likelihood of adoption. These include increased transparency in insurance billing practices and functions, some of which are already provided in the market today. We fully recognize this goes beyond the concept of capturing and collecting data, but we believe that construct is too limiting and will lead to low provider participation.

Consumers

Anemic provider participation also negatively impacts consumers. If it is meaningful to the consumer, it will be meaningful to the provider. We believe adopting technologies that allow patients to interact with providers, make provider-payer/payer-consumer processes more transparent, as well as increase the ability for patients to access and use their health information will generate strong market forces that will incentivize providers to adopt IT into their practices. For these reasons we support expanding consumer access regardless of location, through telephone and Internet interfaces.

This is a win-win for consumers. More engaged patients and providers can dramatically improve care outcomes. For example, many patients do not follow their care provider's medical plan. According to research by the American Pharmacists Association and others, patient non-adherence to medication therapy has cost an estimated $47 billion each year for drug-related hospitalizations, as many as 40 percent of admissions to nursing homes and an additional $2,000 a year per patient for physician office visits. The meaningful implementation and use of health IT would include the ability for providers to identify if consumers are following care instructions as well as automatically receive alerts when they are not. The ability for providers to rapidly respond to and consult with consumers that

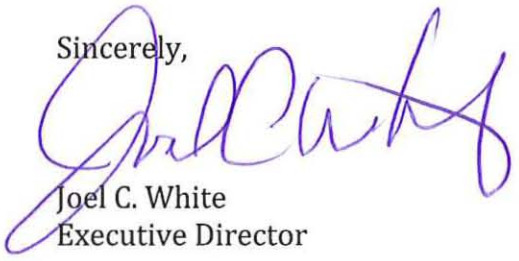
have strayed from their care instructions will allow patients to better adhere to their treatment plans.

We support reporting on the percent of patients with access to personal health information electronically, patient specific educational resources, and the percentage of encounters for which clinical summaries are available. We encourage you to include end of year reconciliation activities to ensure the patient and provider communicate at least annually to review and revise their care plan.

Finally, we believe that in order to maximize consumer engagement, patients and family members should have access to their full patient history. This has obvious care implications because incomplete records can lead to inappropriate treatment, medical errors or poor outcomes. We believe the committee should incent access to the full patient history by including past as well as present medical information to the extent available.

We appreciate the opportunity to share our thoughts with you on this issue and look forward to working with you to better define meaningful use so that health IT is more widely adopted and used.

Sincerely,



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ATTACHMENT 4

HITECH Priority Grants Program & Funding Opportunities

State Health Information Exchange Cooperative Agreement Program

- Cooperative agreements will be awarded through the State Health Information Exchange Cooperative Agreement Program to States and qualified State Designated Entities (SDEs) to develop and advance mechanisms for information sharing across the health care system. States may choose to enter into multi-state arrangements. A cooperative agreement is a partnership between the grant recipient and the Federal government. States and SDEs will be required to match grant awards beginning in 2011.

- Under these State cooperative agreements, $564 million will be awarded to support efforts to achieve widespread and sustainable health information exchange within and among states through the meaningful use of certified Electronic Health Records (EHRs). The goal of meaningful use of EHRs is for health care providers to use this technology to improve the quality and efficiency of care. State programs to promote HIE will help to realize the full potential of EHRs to improve the coordination, efficiency and quality of care.

- The grant programs will support States and/or SDEs in establishing HIE capacity among health care providers and hospitals in their jurisdiction. Grant performance will be evaluated on a quarterly basis.

- State governments, the Federal government, and private sector will all play important roles in advancing HIE among health care providers through the grant programs.

    - States will develop and implement Strategic Plans to ensure that there is measurable progress within states toward universal adoption of HIE before Medicare payment penalties begin in 2015.
    - The Federal government will continue to advance efforts to assure interoperability and health information exchange among states and on a national level through a variety of regulatory and programmatic activities.
    - The private sector will play an important role in providing innovative technological solutions to initiate, establish and maintain appropriate and secure HIE among health care providers at the state and national levels.

- Participating states will also be expected to use their authority and resources to:

    - Develop and implement up-to-date privacy and security requirements for HIE;
    - Develop directories and technical services to enable interoperability within and across states;
    - Coordinate with Medicaid and state public health programs to enable information exchange and support monitoring of provider participation in HIE;
    - Remove barriers that may hinder effective HIE, particularly those related to interoperability across laboratories, hospitals, clinician offices, health plans and other health information exchange partners;
    - Ensure an effective model for HIE governance and accountability is in place; and
    - Convene health care stakeholders to build trust in and support for a statewide approach to HIE.

- ONC will award up to one cooperative agreement per state to cover both planning and implementation of statewide health information exchange. Groups of states may combine their efforts into one application. The program will allow for an incremental approach to ensure continuous improvement and expansion of HIE capabilities.
    - Planning and implementation falls into five domains: governance, finance, technical infrastructure, business and technical operations, and legal/policy.

- Total amount of funding available: $564,000,000
    - Award floor: $4,000,000
    - Award ceiling: $40,000,000
    - Approximate number of awards: 50
    - Program period length: 4 years
    - Anticipated project start date: January 15, 2010

Health Information Technology Extension Program

- The Extension Program provides grants for the establishment of Health Information Technology Regional Extension Centers that will offer technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of EHRs.

- The Extension program will establish cooperative agreements through a competitive process to support an estimated 70 (or more) Regional Centers, each serving a defined geographic area. The Regional Centers will support at least 100,000 primary care providers, through participating non-profit organizations, in achieving meaningful use of EHRs and enabling nationwide health information exchange.

- Grants under the extension program will be awarded on a rolling basis with an expected 20 grants awarded in the first quarter of FY 2010, another 25 in the third quarter, and the remaining awards in the fourth quarter. The initial funding includes approximately $598 million to ensure that comprehensive support is available to providers under the Extension Program beginning early in FY 2010, with an additional $45 million available for years 3 and 4 of the program. Federal support continues for four years, after which the program is expected to be self-sustaining. Of the total federal investment in this program, about $50 million is dedicated to establishing the national HITRC, and $643 million is devoted to the Regional Centers.

- The law requires that Regional Centers be affiliated with a US-based, nonprofit institution or organization, or an entity thereof that applies for and is awarded funding under the Extension Program.

- The performance of each Regional Center will be evaluated every two years by an HHS-appointed panel of private experts.

- Regional Centers will focus their most intensive technical assistance on clinicians furnishing primary care services, with a particular emphasis on individual and small group practices. Clinicians in such practices deliver the majority of primary care services, but have the lowest rates of adoption of HER systems and the least access to resources to help them implement, use and maintain such systems.

- The Regional Centers will support health care providers with direct, individualized and on-site technical assistance in:

    - Selecting a certified HER product that offers the best value for the providers' needs.
    - Achieving effective implementation of a certified HER product.
    - Enhancing clinical and administrative workflows to optimally leverage an HER system's potential to improve quality and value of care, including patient experience as well as outcome of care.
    - Observing and complying with applicable legal, regulatory, professional and ethical requirements to protect the integrity, privacy and security of patients' health information.

- The Extension Program expects all Regional Centers to be operating at full capacity by the end of December 2010. In addition, it is expected that by the end of December 2012, the Regional Centers will be largely self-sustaining and their need for continued federal support in the remaining two years of the program will be minimal.