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Frank J. Trembulak
Executive Vice President
Chief Operating Officer

GEISINGER
HEALTH SYSTEM

April 4, 2012

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

RE: Response to Public Notice DA 12-273: FUNDING PILOT PROGRAM
PARTICIPANTS TRANSITIONING OUT OF THE RURAL HEALTH CARE
PILOT PROGRAM IN FUNDING YEAR 2012. WC Docket No. 02-60

Dear Secretary Dortch:

As a Pilot Program participant exhausting all allocated funding during fiscal year 2012, Geisinger Health System¹ ("GHS" or "Geisinger") appreciates the opportunity to formally comment on Public Notice DA 12-273.

Geisinger is an integrated health services organization widely recognized for its innovative use of the electronic health record, and the development and implementation of innovative care models including ProvenHealth Navigator, an advanced medical home model, and ProvenCare program. The system serves more than 2.6 million residents throughout 44 counties in central and northeastern Pennsylvania.

Because broadband connections are simply not available in many rural areas, we feel an extension of the FCC Rural Health Care Pilot Program is critical to the future of telemedicine nationwide. FCC broadband funding encourages service providers to build-out lines in rural areas leading to increased competition and lower costs for healthcare providers.

Geisinger strongly believes the "Pilot" Program should continue existing funding opportunities until all rural and underserved areas have sufficient, affordable bandwidth to make them competitive with urban counterparts. This will enable rural community hospitals to provide genuinely patient-focused, coordinated care regardless of location. This proposal aligns with the Pilot Program's goal of facilitating the creation of a nationwide broadband network dedicated to healthcare.

¹ Throughout this letter, "GHS," "Geisinger," or "Geisinger Health System" shall refer to the Geisinger Health System Foundation as parent and its affiliated corporate entities, excluding Geisinger Health Plan and its health insurance affiliates.

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It is our recommendation that the FCC maintains the existing level of support by calculating the yearly average amount of support for recurring costs that participants have received over the life of their Pilot projects and base funding on that amount. Maintaining the existing 85% level of support is critical to the growth of regional networks and paves the way for national connectivity. Entering into the program, many of our participants found it difficult to come up with the 15% match due to small operating margins. Lowering the cost will lower one barrier of participation in telemedicine programs.

We are concerned about the concept of transitioning Pilot Program participants to the Primary Program in that the goals of the two programs are different. While both programs seek to enhance rural healthcare, the Pilot Program encourages the use of broadband networks to ease healthcare in rural areas, whereas the Primary Program's purpose is to offset the higher cost of connectivity. Our fear is that the lower level of reimbursement available via the Primary Program, coupled with continued financial pressures, will cause some members of our network to drop out.

Additional funding would enhance the sustainability of the networks developed with Pilot Program funds by expanding and maintaining telemedicine services on the broadband network foundation. Strengthening the structure with telemedicine services broadens the community hospital's versatility and the overall rural healthcare system of the State. Having access to previously inaccessible specialists to provide specialized services will lead to improved care team decision making. For example, implementing a remote ICU program reduces life-threatening decision making and high costs and risks of patient transport, which improves the quality of care received. Real-time trending alarms notify the clinician of subtle changes in the patient's condition. It also addresses the nationally recognized shortage of critical care physicians in rural and medically underserved communities by combining the advantages and capabilities of local, community hospitals with the deep trauma and intensive care expertise of a major medical center.

In the timeframe of six months, our telemedicine program demonstrated a sustainable program: there were 25 telestroke consults performed, 189 pediatric echo consults, and 140 trauma CT transfers. Our experience shows that if we provide funding assistance to get a telemedicine program off the ground, sustainability follows.

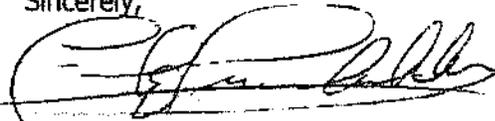
For-profit entities should be considered eligible and can benefit the nation as a whole. Many for-profit community hospitals serve underserved populations and are severely resource-contained. By including these entities, all patients would be covered regardless of where they choose their healthcare delivery and allow more sites in diverse areas to participate in telehealth programs. In our experience, four community hospitals in our region with an average bed size of 178 are for-profit and are currently considered ineligible for FCC funding to participate in telehealth programs. Profit margins at these hospitals preclude them from

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implementing robust broadband and from gaining the advantages of telehealth. In addition, the definition of "rural" is inconsistent with other state and federal programs and impedes the ability to coordinate multiple federal programs for a single telehealth project. We recommend harmonizing the FCC Program definition of "rural" with other federal programs, so that consolidated funding can be obtained for telemedicine equipment and broadband lines. This would help organizations like Geisinger provide simpler, more usable telehealth solutions to resource constrained community hospitals.

In summary, Geisinger stands firm behind the fact that as the demand for electronic health information exchange increases, broadband telecommunication lines will continue to be the answer to reach underserved patients and ensure that community hospitals remain viable.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Trembulak", written over a horizontal line.

Frank Trembulak

Excellence Every Day.

One Hospital Drive
Lewisburg, PA 17837
570.522.2000
www.evanhospital.com



April 4, 2012

Ms. Marlene H. Dortch, Commission's Secretary
Office of the Secretary,
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

**RE: Response to Public Notice DA 12-273: FUNDING PILOT PROGRAM PARTICIPANTS
TRANSITIONING OUT OF THE RURAL HEALTH CARE PILOT PROGRAM IN FUNDING YEAR
2012. WC Docket No. 02-60**

Dear Ms. Dortch,

As an active participant of the Geisinger Health System Rural Health Care Pilot Program network, Evangelical Community Hospital is responding to the Public Notice DA 12-273 regarding "bridge funding."

Our region has lagged behind more urban areas in broadband deployment with limited ability to attract and retain specialty physicians.

The telemedicine services offered to us as a result of the participation in the Pilot Program has given us the ability to offer specialty services that would otherwise be unavailable to our predominantly elderly population, and allow these patients and families to receive high quality medical care within the community in which they live. In addition, this program decreases expense for our community hospital by retaining much needed revenue by reducing the need to transport patients out of our facility, while preserving the convenience for patients, their families and support structures.

Our hospital, Evangelical Community Hospital, is 20 miles from Geisinger Medical Center (Danville, PA), serves 80,000 residents in the Central Susquehanna Valley and has 126 licensed inpatient beds. Our hospital offers the following telemedicine services:

Tele-ICU - Traditionally, intensivists manage critical care patients at the bedside. It is difficult to manage several patients who need immediate attention simultaneously, especially when the patients are located on different units in the hospital and Emergency Department therefore losing critical time. This program allows patients to remain in our community while receiving tertiary level care while addressing the national shortage for intensivists.

Ms. Marlene H. Dortch, Commission's Secretary

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Tele-stroke – Ability to connect real-time to provide a standardized neurologic exam using video, audio, and electronic monitoring technology over broadband telecommunication lines. Discussions are held between the remote stroke neurologist, the local end-user emergency medicine physician, as well as the patient and any family members present.

Trauma Transfer – Patient CT image is sent electronic and viewed real-time to expedite care and reduce the number of redundant diagnostic tests.

Our participation in this Pilot Project rides solely on the ability to afford the telemedicine services. We encourage the FCC to maintain the existing 85% level of support to assist in the development of our telemedicine program with Geisinger.

We appreciate the opportunity to provide this letter recognizing how this Pilot Project network plays a vital role in the economic development, education and healthcare of rural Americans. As a rural hospital, we fully support the effort to expand the existing program to improve the healthcare and the quality of life of our rural citizens.

Sincerely,



Michael O'Keefe

CEO



April 4, 2012

Ms. Marlene H. Dortch, Commission's Secretary
Office of the Secretary,
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

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Dear Ms. Dortch,

As an active participant of the Geisinger Health System Rural Health Care Pilot Program network, Lewistown Hospital is responding to the Public Notice DA 12-273 regarding "bridge funding."

Our region has lagged behind more urban areas in broadband deployment with limited ability to attract and retain specialty physicians.

The telemedicine services offered to us as a result of the participation in the Pilot Program has given us the ability to offer specialty services that would otherwise be unavailable to our predominantly elderly population, and allow these patients and families to receive high quality medical care within the community in which they live. In addition, this program decreases expense for our community hospital by retaining much needed revenue by reducing the need to transport patients out of our facility, while preserving the convenience for patients, their families and support structures.

Our hospital, Lewistown Hospital, is 61 miles from Geisinger Medical Center (Danville, PA), serves 80,000 residents in Juniata Valley and surrounding rural areas and has 123 licensed inpatient beds. Our hospital offers the following telemedicine services:

Tele-ICU - Traditionally, intensivists manage critical care patients at the bedside. It is difficult to manage several patients who need immediate attention simultaneously, especially when the patients are located on different units in the hospital and Emergency Department therefore losing critical time. This program allows patients to remain in our community while receiving tertiary level care while addressing the national shortage for intensivists.

Tele-stroke – Ability to connect real-time to provide a standardized neurologic exam using video, audio, and electronic monitoring technology over broadband telecommunication lines. Discussions are held between the remote stroke neurologist, the local end-user emergency medicine physician, as well as the patient and any family members present.

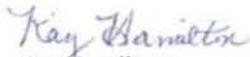
Tele-Echo – Our community hospitals transmits studies to Geisinger's specialists for interpretation, facilitating more timely, accurate diagnosis and treatment planning.

Trauma Transfer – Patient CT image is sent electronic and viewed real-time to expedite care and reduce the number of redundant diagnostic tests.

Our participation in this Pilot project rides solely on the ability to afford the telemedicine services. We encourage the FCC to maintain the existing 85% level of support to assist in the development of our telemedicine program with Geisinger.

We appreciate the opportunity to provide this letter recognizing how this Pilot Project network plays a vital role in the economic development, education and healthcare of rural Americans. As a rural hospital, we fully support the effort to expand the existing program to improve the healthcare and the quality of life of our rural citizens.

Sincerely,



Kay Hamilton

CEO



91 HOSPITAL DRIVE, TOWANDA, PA 18848 • 570-265-2191

Your Independent Not-For-Profit Community Hospital

April 4, 2012

Ms. Mariene H. Dortch, Commission's Secretary
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445 12th Street, S.W.
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Dear Ms. Dortch,

As an active participant of the Geisinger Health System Rural Health Care Pilot Program network, Memorial Hospital is responding to the Public Notice DA 12-273 regarding "bridge funding."

Our region has lagged behind more urban areas in broadband deployment with limited ability to attract and retain specialty physicians.

The telemedicine services offered to us as a result of the participation in the Pilot Program has given us the ability to offer specialty services that would otherwise be unavailable to our predominantly elderly population, and allow these patients and families to receive high quality medical care within the community in which they live. In addition, this program decreases expense for our community hospital by retaining much needed revenue by reducing the need to transport patients out of our facility, while preserving the convenience for patients, their families and support structures.

Our hospital, Memorial Hospital, is 71 miles from Geisinger Medical Center (Danville, PA), serves 70,000 residents in both Bradford and Sullivan counties and surrounding rural areas and has 111 licensed inpatient beds. Our hospital offers the following telemedicine services:

Peds Tele-Echo – Our community hospitals transmits studies to Geisinger's specialists for interpretation, facilitating more timely, accurate diagnosis and treatment planning.

Tele-EEG is used to identify specific epileptic conditions through EEG monitoring.



MEMORIAL HOSPITAL

91 HOSPITAL DRIVE, TOWANDA, PA 18848 • 570-265-2191

Your Independent Not-For-Profit Community Hospital

Our participation in this Pilot project rides solely on the ability to afford the telemedicine services. We encourage the FCC to maintain the existing 85% level of support to assist in the development of our telemedicine program with Geisinger.

We appreciate the opportunity to provide this letter recognizing how this Pilot Project network plays a vital role in the economic development, education and healthcare of rural Americans. As a rural hospital, we fully support the effort to expand the existing program to improve the healthcare and the quality of life of our rural citizens.

Sincerely,

Bill Rohrbach



April 4, 2012

Ms. Marlene H. Dortch, Commission's Secretary
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Federal Communications Commission
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Dear Ms. Dortch,

As an active participant of the Geisinger Health System Rural Health Care Pilot Program network, Mount Nittany Health System is responding to the Public Notice DA 12-273 regarding "bridge funding."

Our region has lagged behind more urban areas in broadband deployment ability making such services scarce or non-existent in areas. The telemedicine services offered to us as a result of the participation in the Pilot Program have given us the ability to offer specialty services that might otherwise be unavailable, to allow our patients and families to receive high quality medical care within their community, and to decrease expense by reducing the need to transport patients.

Our hospital, Mount Nittany Hospital, is 80 miles from Geisinger Medical Center (Danville, PA), serves 185,000 residents in Centre county and surrounding rural areas and has 207 licensed inpatient beds. Our hospital offers the following telemedicine services:

Peds Tele-Echo – Our community hospitals transmits studies to Geisinger's specialists for interpretation, facilitating more timely, accurate diagnosis and treatment planning.

Trauma Transfer – Patient CT image is sent electronically and viewed real-time to expedite care and reduce the number of redundant diagnostic tests.

Our participation in this Pilot project rides solely on the ability to afford the telemedicine services. We encourage the FCC to maintain the existing 85% level of support to assist in the development of our telemedicine program with Geisinger. We appreciate the opportunity to provide this letter recognizing how this Pilot Project network plays a vital role in the economic development, education and healthcare of rural Americans.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steve Brown".

Steve Brown
CEO



Schuylkill
Medical Center
East Norwegian Street

Schuylkill Medical Center
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700 East Norwegian Street
Pottsville, PA 17901
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April 4, 2012

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Dear Ms. Dortch,

As an active participant of the Geisinger Health System Rural Health Care Pilot Program network, Schuylkill Medical Center – East Norwegian Street, is responding to the Public Notice DA 12-273 regarding “bridge funding.”

Our region has lagged behind more urban areas in broadband deployment with limited ability to attract and retain specialty physicians.

The telemedicine services offered to us as a result of the participation in the Pilot Program has given us the ability to offer specialty services that would otherwise be unavailable to our predominantly elderly population, and allow these patients and families to receive high quality medical care within the community in which they live. In addition, this program decreases expense for our community hospital by retaining much needed revenue by reducing the need to transport patients out of our facility, while preserving the convenience for patients, their families and support structures.

Our hospital, Schuylkill Medical Center – East Norwegian Street, is 45 miles from Geisinger Medical Center (Danville, PA), serves 146,000 residents in Schuylkill County and surrounding rural areas, and has 126 licensed inpatient beds. Our hospital offers the following telemedicine services:

Tele-ICU - Traditionally, intensivists manage critical care patients at the bedside. It is difficult to manage several patients who need immediate attention simultaneously, especially when the patients are located on different units in the hospital and Emergency Department therefore losing critical time. This program allows patients to remain in our community while receiving tertiary level care while addressing the national shortage for intensivists.

Tele-Echo – Our community hospitals transmits studies to Geisinger’s specialists for interpretation, facilitating more timely, accurate diagnosis and treatment planning.

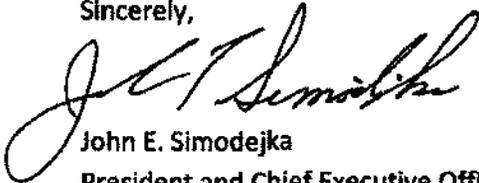
Trauma Transfer – Patient CT image is sent electronic and viewed real-time to expedite care and reduce the number of redundant diagnostic tests.

Tele-Stroke – Ability to connect real-time to provide a standardized neurologic exam using video, audio, and electronic monitoring technology over broadband telecommunication lines. Discussions are held between the remote stroke neurologist, the local end-user emergency medicine physician, as well as the patient and any family members present.

Our participation in this Pilot project rides solely on the ability to afford the telemedicine services. We encourage the FCC to maintain the existing 85% level of support to assist in the development of our telemedicine program with Geisinger.

We appreciate the opportunity to provide this letter recognizing how this Pilot Project network plays a vital role in the economic development, education and healthcare of rural Americans. As a rural hospital, we fully support the effort to expand the existing program to improve the healthcare and the quality of life of our rural citizens.

Sincerely,

A handwritten signature in black ink, appearing to read "John E. Simodejka". The signature is fluid and cursive, with a large initial "J" and "S".

**John E. Simodejka
President and Chief Executive Officer**



Schuylkill Medical Center
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420 South Jackson Street
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April 4, 2012

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Dear Ms. Dortch,

As an active participant of the Geisinger Health System Rural Health Care Pilot Program network, Schuylkill Medical Center – South Jackson Street, is responding to the Public Notice DA 12-273 regarding "bridge funding."

Our region has lagged behind more urban areas in broadband deployment with limited ability to attract and retain specialty physicians.

The telemedicine services offered to us as a result of the participation in the Pilot Program has given us the ability to offer specialty services that would otherwise be unavailable to our predominantly elderly population, and allow these patients and families to receive high quality medical care within the community in which they live. In addition, this program decreases expense for our community hospital by retaining much needed revenue by reducing the need to transport patients out of our facility, while preserving the convenience for patients, their families and support structures.

Our hospital, Schuylkill Medical Center – South Jackson Street, is 45 miles from Geisinger Medical Center (Danville, PA), serves 146,000 residents in Schuylkill County and surrounding rural areas, and has 180 licensed inpatient beds. Our hospital offers the following telemedicine services:

Tele-ICU - Traditionally, intensivists manage critical care patients at the bedside. It is difficult to manage several patients who need immediate attention simultaneously, especially when the patients are located on different units in the hospital and Emergency Department therefore losing critical time. This program allows patients to remain in our community while receiving tertiary level care while addressing the national shortage for intensivists.

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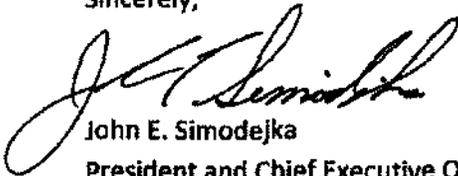
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Our participation in this Pilot project rides solely on the ability to afford the telemedicine services. We encourage the FCC to maintain the existing 85% level of support to assist in the development of our telemedicine program with Geisinger.

We appreciate the opportunity to provide this letter recognizing how this Pilot Project network plays a vital role in the economic development, education and healthcare of rural Americans. As a rural hospital, we fully support the effort to expand the existing program to improve the healthcare and the quality of life of our rural citizens.

Sincerely,

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**John E. Simodejka
President and Chief Executive Officer**