

June 19, 2013

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

Re: Notice of *Ex Parte* Communication, WC Docket No. 02-60

Dear Ms. Dortch:

On May 24, 2013, Chantal Worzala, Director of Policy, and Rochelle Archuleta, Senior Associate Director, Policy Development-Post Acute Care, at the American Hospital Association (AHA) spoke via telephone with Linda Oliver, Christianna Barnhart, and Jay Schwartz of the Wireline Competition Bureau, Maya Uppaluru of the Consumer and Governmental Affairs Bureau, and Matthew Quinn of the Office of Strategic Planning & Policy Analysis. The purpose of the call was to provide information about skilled nursing facilities (SNFs) and about their broadband needs in order to help guide the Commission in developing a Skilled Nursing Facilities Pilot.

Ms. Worzala and Ms. Archuleta made the following observations during the call:

- *SNF Background:* There are over 10,000 SNFs in the United States. Of those, about 1,100 are located within hospitals. Ms. Worzala and Ms. Archuleta stated that they heard several anecdotal experiences from SNF staff that when hospitals roll out their health IT systems, SNFs often get lower priority.
- *Challenges regarding the transition of care:* Ms. Worzala and Ms. Archuleta explained that one major challenge for health care is the transition of patient care from acute care to post-acute care. AHA is currently researching how patients transition between SNFs and other post-acute facilities and hospitals. To qualify as a Medicare patient at a SNF, the patient must be in a hospital for three inpatient days (outside of any observational stay at a hospital). Factors that impact whether or not a patient transitions from a hospital to a SNF, and which SNF a patient transfers to, is determined by several factors, including:
 - Patient's health: Some SNFs are reluctant to accept a patient who has a higher acuity level (*i.e.*, a dialysis patient) or a patient who needs costly medications. SNFs prefer to accept patients with lower acuity and who have higher rehabilitation needs.
 - Location: The proximity of the SNF to where the patient or the patient's family lives.
 - Patient's finances: The status of the patient's finances and whether the patient has supplemental income.
 - Medical advice: Doctors can be influential in a patient's decision on which SNF to choose.
- *Challenges in sharing information:* Ms. Worzala and Ms. Archuleta also explained that sharing information at the time a patient transitions to a new facility is also challenging. For example, standardized discharge information between healthcare providers is often not shared electronically between the hospital and the SNF and many SNFs do not have enough resources for a navigation assistant – a nurse that arranges follow-up visits, medications, and compliance.

Respectfully submitted,

 /s/
Maya Uppaluru

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