

August 16, 2013

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
455 12th Street SW  
Washington, DC 20554

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

Dear Ms. Dortch:

On July 24, 2013, Bill Krantz of Benedictine Health System (BHS) participated in a conference call with Linda Oliver, Christianna Barnhart, and Mark Walker of the Wireline Competition Bureau; Erica Larson and Jaimie Douglas, interns at the Wireline Competition Bureau; and Maya Uppaluru of the Consumer and Governmental Affairs Bureau, all at the Federal Communications Commission. The purpose of the call was to inform Commission staff on the broadband needs of skilled nursing facilities (SNFs) and to discuss the possible design of a SNF Pilot Program.

Mr. Krantz made the following observations during the call:

Composition of BHS. BHS consists of SNFs and assisted living facilities, often both combined on a campus with two connections per campus. The facilities are located across Minnesota, North Dakota, South Dakota, Wisconsin, and Missouri with the majority being located in Minnesota. The group discussed how BHS is looking for opportunities for long-term care facilities to receive financial support for their broadband needs from outside sources.

Connectivity and Information Exchange. Mr. Krantz discussed the level of connectivity BHS facilities enjoy and how they use it. BHS has had a broadband network since 1997, making it a pioneer among SNFs in the field of health information technology. This early connectivity allowed BHS to use centralized servers rather than support at each site. The system currently has one centralized data base that BHS owns and manages; however, much of the functions of the database are outsourced. BHS utilizes the MatrixCare electronic health record (EHR) solution provided by MDI Achieve. BHS does not exchange or share data outside its network at this point; however there is an effort to develop the capability to do so using grant money from the Minnesota Department of Health. This grant money is currently being used to pay for developments that will allow any customer of MatrixCare to send and receive continuity of care document (CCD) information with the Allina Health System Epic database. This could be extended to other hospital systems by creating additional peer to peer connections or by connecting to a Health Information Exchange (HIE). The method will be dependent on whether the hospital partner is participating in an HIE. Currently, BHS is focused on CCD exchange with our hospital partners but would expect to exchange additional data sets in the future that conform to national standards and the meaningful use requirements. (We don't create labs or X-rays so we wouldn't be sending those.) Video conferencing does take place between SNFs and hospitals on separate networks. BHS stated that the motivation behind these efforts to increase connectivity is to strengthen our relationships with our hospital partner, create efficiencies in the admission/discharge process, and to participate in health care

reform activities. Having the capability to exchange data with other providers makes us a more desirable partner than someone who cannot.

Relationship with Hospitals. Mr. Krantz discussed how BHS facilities work with hospitals. All major hospitals are interested in information exchange with outside facilities, due to Centers for Medicare and Medicaid Services (CMS) “meaningful use” requirements, Accountable Care Organization (ACO) requirements, and rehospitalization penalties. Hospitals are now realizing the benefits of more information exchange and remaining involved in patient care after discharge. One hindrance to increased information exchange between hospitals and SNFs is that the two entities use different EHR systems to suit their particular needs. Epic is the most widely used EHR system for hospitals; however, BHS uses MatrixCare. While Epic allows information exchange as well as interoperability between all Epic users, a bridge needs to be built between systems so that hospitals and SNFs can communicate and exchange information. Epic also follows the meaningful use roadmap, while SNF facilities and their software vendors have not been included in health care reform activities or meaningful use requirements. The data needs of long term care (LTC) and other non-hospital entities have not been fully included in the standards discussions up to this point so that also limits the value of data exchange to LTC. BHS has relationships with certain area hospitals, including Health East, Allina, Mayo Health, and Essentia.

Challenges facing SNFs in Movement toward Increased use of Health Information Technology. Finally, Mr. Krantz discussed the challenges in the way of SNFs achieving better connections and increased information exchange. Lack of information technology expertise is a problem, particularly for SNFs in rural areas, as is lack of access to broadband (especially last mile facilities in rural areas). SNFs are also challenged by the Medicare and Medicaid reimbursement system, which is also accentuated for SNFs located in rural areas. Standards for information exchange also need to be developed in both the SNF and hospital systems.

Respectfully Submitted,

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Linda Oliver

Deputy Chief, Telecommunications Access Policy Division, Wireline Competition Bureau