

September 9, 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 June 3, 2013, Dr. Bill Russell and Alex Bardakh of American Medical Directors Association (AMDA), spoke via telephone with Linda Oliver, Christianna Barnhart, Mark Walker, and Jay Schwarz of the Wireline Competition Bureau, Jaimie Douglas and Erica Larson, 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 discuss the ways in which skilled nursing facilities (SNFs) are utilizing broadband for health care purposes to help inform the Commission's design of a Skilled Nursing Facilities pilot program.

Dr. Russell and Mr. Bardakh made the following observations during the call:

- *Connectivity for Reporting Requirements*: In the future, connectivity will become essential for compliance with Centers for Medicaid and Medicare Services (CMS) SNF quality reporting requirements and other federally-imposed requirements on long-term care providers. Because of this, in the future SNFs' broadband connectivity will be critical to its operations.
- *Health Information Exchanges (HIEs)*: Broadband may be particularly helpful in transitions of care between hospitals and post-acute care providers. When patients are transitioning care between a hospital and post-acute care provider, a patient's health information is usually transferred to the post-acute care provider via paper. Although HIEs provide a better way to transfer this information, most SNFs cannot transmit or receive electronic health information. SNFs are not eligible to receive "meaningful use" payments under the HITECH Act and many have chosen not to connect to HIEs. As a result, the standards and certification that are being adopted for HIEs do not consider the needs of SNFs. In addition, SNFs do not see a need to connect to HIEs because SNFs are not held to the same accountability standards as other health care providers for being aware of a patient's full health record.
- *Adoption of Electronic Medical Records (EMRs) and Electronic Health Records (EHRs)*: Access to information about a patient at a SNF site through an EMR would enable medical providers that serve SNFs to provide care off-site, over the phone, and to have more productive interactions with SNF staff taking care of that patient. Similarly, EHRs can help doctors and nurses at SNFs provide better care to their patients. However, an EHR for a SNF must contain information that is different from an EHR used in a doctor's office. Information important to SNFs but not traditionally found in an EHR include: nursing care plans, SNF diagnoses, financial and billing information, and other federally-required reporting. Although there has been a push for SNFs to exchange data with hospitals and other providers, these exchanges are still at a nascent stage.

SNFs may adopt EHRs once they better understand the business case for adopting an EHR system. The business case is particularly challenging for SNFS because they are not eligible to receive meaningful use payments, as previously discussed. Some of the incentives to adopt an

EHR system may include: saving staff time, increasing reimbursement levels by using data to better understand patient acuity, improving patient evaluations; increasing patient satisfaction, and reducing staff turnover.

- *Other Potential Uses of Broadband:* Although telemedicine is very valuable in rural settings, SNFs typically only use telemedicine today to treat patients when an in-person visit with a health care practitioner is not possible. Broadband connectivity may also be used to support the gathering and aggregating of patients' meta-data. Broadband connectivity could help capture data across several transactions that occur at SNFs (*e.g.*, medicine disbursement and patient's appetite at meal times). SNF staff could then analyze the data to detect any changes in a patient's clinical status. This strategy has already proven to help reduce patient readmissions at hospitals and could be used in connection with a data-transfer system like DIRECT, which is trying to specify a simple, secure, scalable, standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the Internet.

Respectfully submitted,

 /s/
Christianna Lewis Barnhart
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