August 18, 2009

The Honorable Larry Strickling  
Assistant Secretary of Communications and Information  
National Telecommunications and Information Administration  
U.S. Department of Commerce  
1401 Constitution Ave. NW  
Washington, D.C.  20230

RE: I-BEAM-NH Grant # 622

Dear Mr. Strickling:

On behalf of the 32 acute care and specialty hospitals in New Hampshire, I am writing to express the New Hampshire Hospital Association’s support for the State of New Hampshire’s application (through the University of New Hampshire) for increasing broadband services to our state.

Many hospitals currently use broadband services to deliver core services or to manage and maintain critical medical information. Examples include electronic medical records, radiology and laboratory records, electronic prescribing. Administrative functions such as insurance processing, funds transfers, telephony and email are also critical functions being managed with broadband. Emerging technologies such as electronic prescribing, patient portals, health information exchange and telemedicine services are expected to be in high demand within the next 2 – 5 years. All of the services will require the need for higher bandwidth capabilities.

In February 2009, the hospitals in New Hampshire reported that they were ready to go with almost $124 million in “shovel-ready” health information technology projects. That dollar amount was about equal to the value of shovel-ready bricks & mortar capital improvement projects planned by the hospitals.

Examples of these projects for rural hospitals include:

- Install electronic medical record (EMR) system for outpatient clinics of the hospital – primary care and women's care practices. Project would include interfaces with hospital's information systems.
• Redundant fiber route between one hospital campus to a second hospital campus to achieve 24/7 reliability for second hospital campus. Contract negotiated.
• Installation of EMR / Computerized Physician Order Entry (CPOE) system. Vendor selected and contract in negotiations.
• Installation of eICU project. Establish 5 mb/sec connection to out-of-state hospital to serve as virtual hospitalist. Also requires VISICU software, server, cameras for 3 rooms, monitoring gateway.
• Integration of outpatient EMR with existing inpatient EMR inclusive of CPOE effectively resulting in a seamless health record in the hospital setting, hospital based physician practices, and independent physician practices. Inpatient with CPOE has been completed.

There are many more examples of health information technology projects, but those listed above serve as prime examples of how ready the hospitals are in New Hampshire to move forward with deploying new technology and systems upgrades. All of these projects are designed to improve patient safety and quality of care to patients served by hospitals in New Hampshire and access to affordable to dependable broadband services plays a prominent role in the successful implementation and completion of these projects.

Thank you for the opportunity to present our support for the I-BEAM-NH application (#622). Please contact me at sahnen@nhha.org or (603) 225-0900 if you need further information.

Sincerely,

Steve Ahnen
President