



AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

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ORTHOPAEDIC SURGEONS

February 8, 2018

Marlene H. Dortch
Secretary of the Federal Communications
Federal Communications Commission
445 12th Street SW
Room TW-A325
Washington, DC 20554

Re: WC Docket No. 17-310, FCC 17-164

Dear Ms. Dortch,

On behalf of over 34,000 orthopaedic surgeons and residents represented by the American Association of Orthopaedic Surgeons (AAOS), we appreciate the opportunity to provide input on the Federal Communications Commission's proposal for "Promoting Telehealth in Rural America." AAOS shares the Administration's desire to ensure rural providers have the resources and tools necessary to provide quality care via groundbreaking new technologies and methods. Continued innovation through new technologies represents the best approach to expanding the health care workforce into underserved areas. AAOS also agrees with the contention that "non-rural healthcare provider participation may confer benefits upon affiliated rural healthcare providers," such as greater access to medical specialists.

Rural Americans represent 15% of the total US population and as a recent Centers for Disease Control and Prevention (CDC) study explained, rural Americans "tend to be older and sicker than their urban counterparts," more at risk for obesity, report less time for physical activity and less access to healthcare and insurance.¹ Additionally, as the FCC's own data show, broadband internet access in rural areas is dramatically narrower than urban areas. The overall percentage of the rural population without this kind of access is 39% compared to 4% for their urban counterparts. This disparity presents notable challenges for rural patients and providers that telehealth and technology infrastructure investments can help assuage.

This Notice of Proposed Rule Making (WC Docket No. 17-310; FCC 17-164) proposes the idea of prioritizing funding to areas with healthcare professional shortages. In fact, a recent study published in the *Journal of Bone and Joint Surgery* found that rural hospitals are staffed by a full time orthopaedic surgeon only 30 percent of the time. Another study reaffirmed that not only are there fewer orthopaedic surgeons practicing in rural as compared to urban settings, but those in

¹ Centers for Disease Control and Prevention (CDC), "Rural Americans at higher risk of death from five leading causes," (2017).

rural areas were older than their urban peers.² Traveling to orthopaedic appointments can present significant challenges for patients that telehealth can help alleviate. Telehealth in orthopaedics could range from routine postoperative care for patients to remote viewing of a patient's injuries and radiographs. By allocating resources to regions with specialist shortages, the agency can help alleviate the costs for both providers and patients.

As the proposal explains, the Rural Healthcare Program's funding is capped at \$400 million annually. The convergence of limited rural access to specialists, the overall challenges of rural healthcare (especially for seniors), and the aging population presents an even greater need to fund and utilize innovative new telehealth tools. As more and more federal programs create avenues for virtual participation (such as the Merit-based Incentive Payment Systems' new "virtual groups"), greater investment in the technological infrastructure to participate in these programs can also help increase quality patient care and reduce costs. While CMS has developed technical assistance opportunities and has finalized additional bonuses for rural providers, we have consistently urged CMS to develop special and minimal reporting requirements for rural participants. This effort would facilitate rural providers such that they are compared with a rural cohort and similarly sized practices. Minimizing reporting requirements and consideration of infrastructure, resource, and sociodemographic risk are also important.

Data from the Census Bureau's American Community Survey show that the rural population tends to be older than urban populations.³ This disparity is expected to only increase over the coming decades, as an Urban Institute report estimated that, "By 2040, 25 percent of rural households will be age 65 or older, compared with only 20 percent of urban households."⁴ The challenges facing rural healthcare providers and their older patients will likely only be exacerbated with time absent adequate telehealth investments. As the agency explains in the Notice (FCC 17–164), "The recent growth in RHC Program demand ... makes it difficult for providers to make service selections and telehealth plans." The current funding cap has not been adjusted in over 20 years, despite the growth both in the technologies available to substitute face-to-face appointments between providers and patients, and in the increased demand by the growing rural senior population and their attendant difficulty traveling to remote providers. AAOS welcomes further investment in telehealth infrastructure and in the Rural Health Care Program itself.

The opioid epidemic and the importance of mechanisms like prescription drug monitoring programs (PDMPs) represent another area where telehealth can play a role in reducing the burdens rural patients and providers face. Investments as straightforward as expanding access to

² Fu, Mark, et. al., "Longitudinal Urban-Rural Discrepancies in the US Orthopaedic Surgeon Workforce," *Clinical Orthopaedics and Related Research* (2013).

³ United States Census Bureau, "Measuring America Our Changing Landscape," (2016), *available at* <https://www.census.gov/content/dam/Census/library/visualizations/2016/comm/acs-rural-urban-text.pdf>.

⁴ The Urban Institute, "The Future of Rural Housing," (2016), *available at* <https://www.urban.org/research/publication/future-rural-housing>.

a high-speed data connection or the technology to send and receive encrypted patient health information can give providers important patient care tools. These kinds of health IT investments would enable providers to incorporate PDMP access more smoothly into their workflow. Also, considering the 2017 cyberattacks on the British National Health Service, giving providers the tools to protect their existing technology is even more important. Additionally, AAOS strongly believes that electronic prescribing of medications promotes patient safety and that it should be possible for a surgeon and pharmacist to see all prescriptions filled in all states by a single patient. The ability to access to this type of database would enable physicians to help reduce opioid use, misuse, and abuse.

Thank you for your time and consideration of the American Association of Orthopaedic Surgeons' suggestions to promote telehealth in rural America. If you have any questions on our comments, please do not hesitate to contact William Shaffer, MD, AAOS Medical Director by email at shaffer@aaos.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Wilford K. Gibson". The signature is fluid and cursive, with the first name "Wilford" being more prominent than the last name "Gibson".

Wilford K. Gibson, MD
Chair, Council on Advocacy, American Association of Orthopaedic Surgeons

cc: Thomas E. Arend, Jr., Esq., CAE, AAOS Chief Executive Officer
William O. Shaffer, MD, AAOS Medical Director
Graham Newson, AAOS Director of the Office of Government Relations