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FCC Connected Care Pilot Program

Proposed Care Management Pilot for Improved Patient Engagement, Outcomes, and Efficiency

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Overview

Across America, academic medical centers operate a hub and spoke model to triage rural patients in community hospitals and move them to urban centers for needed care. As community hospitals fail, however, the hub and spoke model is also failing. Today, this scenario is playing out in rural communities across the U.S., where hospital closures and an inadequate supply of physicians are producing a very costly yet avoidable crisis.

The FCC's Connected Care Pilot Program can address this problem in the following ways:

1. By delivering broadband-enabled telehealth services directly to patients in their homes and communities (i.e., outside of brick-and-mortar health care facilities).
2. By improving health outcomes and reducing costs via such means as readmission avoidance and by closely tracking performance to gauge the pilot's efficacy.

Demonstrated Need: States

The Connected Care Pilot Program can meet pressing needs in unserved rural and low-income communities. For purposes of this illustration, we have examined two states:

TENNESSEE

- 17 counties at bottom 10% in US for poverty and unemployment
- 82% of counties are rural
- Higher premature adult death rates
- 9 hospital closures since 2014; 3 in 2018; 28 more at risk

TEXAS

- Statewide uninsured rate: 23% (highest in US)
- 27 counties with no physicians
- 22 counties with only 1 physician
- 17 hospital closures since 2013; 3 in 2018

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Demonstrated Need: Counties

Within Tennessee and Texas, we identified two communities and surrounding counties in healthcare crisis that could be well served by the Connected Care Pilot Program:

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Demonstrated Need: Farner, TN (37333)

Overall Status	Farner, TN/ Polk County
Population	704/16,697
Unemployment Rate[1]	5.8%/8.02%
Share of Population: below FPL	17.8%
Share of Population: age 65+	19.4%
Share of Population: Disabled	17%
Share of Population: Veterans	8%
Share of Population: Uninsured	10.8%

Healthcare Status	Farner, TN
Physicians within 30 Miles	1
Hospitals within 30 Miles	0
Preventable Hospital Stays[2]	153.5%
Poor or Fair Health	20%
Low Birthweight	8.6%
Adult Obesity Rate	33.2%
Diabetes Rate	13.7%

[1] US unemployment rate: 3.9%
[2] Share of US average (Polk County: 82.9 per 1,000 Medicare enrollees vs. U.S.: 54.00)

Demonstrated Need: Valentine, TX (79854)

Overall Status	Valentine, TX/ Jeff Davis Cty
Population	213/2,221
Unemployment Rate[3]	4.1%
Share of Population: below FPL	7.9%
Share of Population: age 65+	27.9%
Share of Population: Disabled	0%
Share of Population: Veterans	7%
Share of Population: Uninsured	32.8%

Healthcare Status	Valentine, TX
Physicians within 30 Miles	1
Hospitals within 30 Miles	0
Preventable Hospital Stays[4]	133%
Poor or Fair Health	21%
Low Birthweight	9.1%
Adult Obesity Rate	27%
Diabetic Monitoring	12.4%

[3] US unemployment rate: 3.9%
[4] Share of US average (Jeff Davis County: 72.0 per 1,000 Medicare enrollees vs. U.S.: 54.00)

Proposed Pilot: Objectives

Objectives:

- To connect individuals in select unserved communities with remote patient monitoring, telehealth, and care management services.
- To determine and document the effective use of broadband technology for healthcare treatment and care management services.
- To achieve measurably significant improvement in clinical and fiscal factors, including:
  - decrease in admissions/readmissions;
  - improvement in overall health status; and,
  - reduction in related healthcare costs.

Proposed Pilot: Test Communities

Selection:

- We propose that the community/ies selected for this program meet the following criteria:
  - Unserved rural or urban setting with low-income population;
  - No access to a full-service hospital within at least thirty miles;
  - Little to no access to primary care within the immediate community;
  - At-risk demographic characteristics, including but not limited to: age, ethnicity, unemployment, disability, obesity, drug abuse, and veteran population; and,
  - Ability to be paired with a "control" community that meets the same criteria and has a similar demographic profile.
    - A paired control group community with similar demographics and access to health care will be matched to each study community (e.g., Ramer, TN for Farner, TN; Tilden, TX for Valentine, TX).

Proposed Pilot: Intervention

Intervention:

- We propose that participating community/ies receive the following broadband-enabled services:
  - Remote patient monitoring;
  - Telemonitoring services (see slide 11);
  - Medication management services;
  - Telephonic outreach and call center support;
  - In-home diagnostic, treatment, and management services; and,
  - Clinical and administrative training and support (to perform the above functions).

Proposed Pilot: Telemonitoring

Definition:

- Telemonitoring is the remote exchange of physiological data between a patient at one location and medical staff at another to assist in diagnosis, care management, and ongoing monitoring.
- Telemonitoring enables the achievement of two vital goals:
  - Continuous monitoring of vital signs to detect any changes in a patient's condition that may signal the onset of a more serious condition and/or heightened risk of hospitalization.
  - Improvement of patient compliance with clinical orders and standards of care in order to support optimal clinical outcomes and reduced overall cost.

Proposed Pilot: Efficacy Assessment

Data Collection:

- We propose to collect, analyze, and report on the following key metrics:
  - Baseline clinical, outcomes, and cost data;
  - Patient and clinician engagement and drop-out rate;
  - Number and type of care management and clinical contacts made;
  - Number and type of clinical and support services utilized;
  - Change in admissions/readmissions, overall health status, and related healthcare costs;
  - Number of devices deployed, nonfunctional, and/or returned; and,
  - Patient satisfaction.
- We also propose to assess these findings in comparison to the control community/ies.

Proposed Pilot: Timetable and Cost Management

Timetable:

- We propose the following sequence for the care management pilot's activities:
  - Preparation: July 1, 2019 through December 31, 2019
  - Operations: January 1, 2020 through December 31, 2021
  - Assessment: January 1, 2022 to June 30, 2022

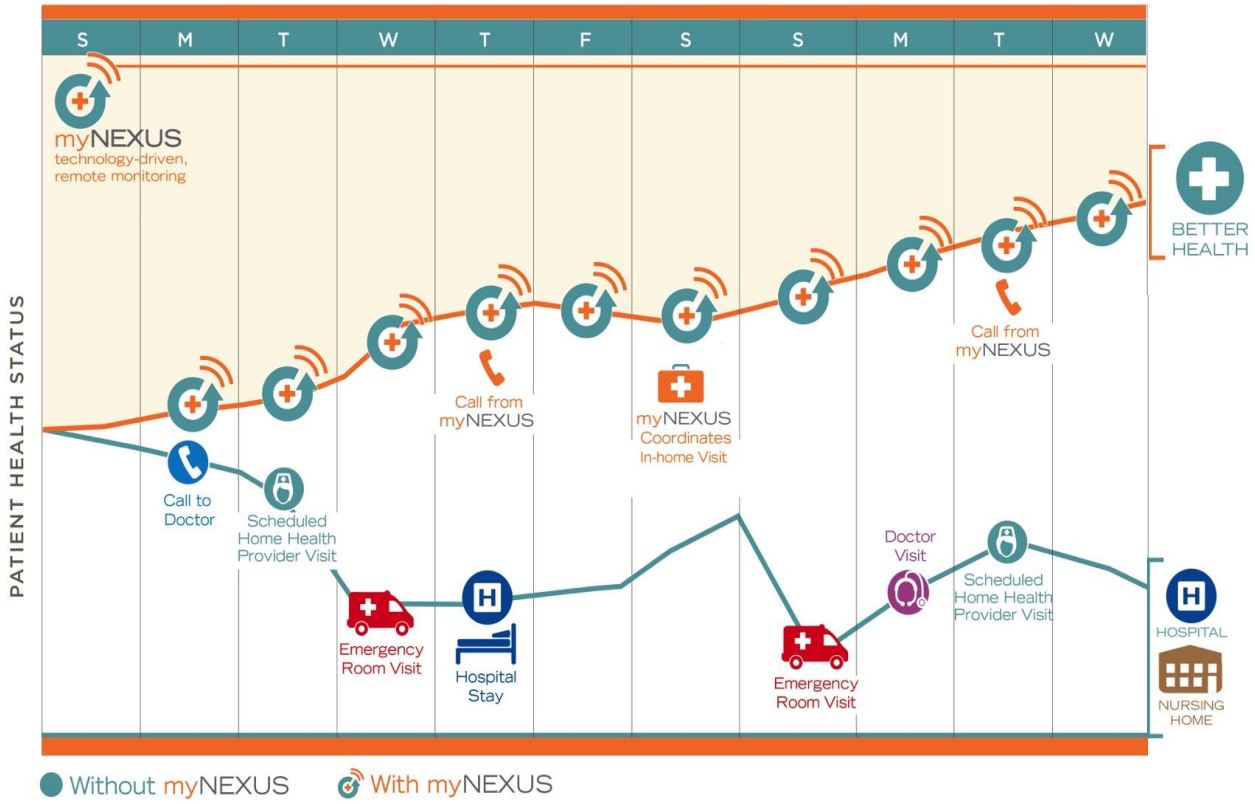
Cost Management:

- All costs associated with the preparation, management, operations, and assessment of the proposed initiative will be covered within the Connected Care Pilot Program's base allotment. Claims for billable clinical services will be submitted to the responsible payor(s).

myNEXUS Qualifications: Mission

Our Mission:

- To empower our customers by incorporating technology with clinical expertise, transforming health delivery and promoting the advancement of care for the people we serve.
- Our skilled team utilizes advanced technology and care management protocols to help patients avoid costly institutional stays and remain healthy and independent in their communities.



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myNEXUS Qualifications: Experience

Patients Served:

- myNEXUS delivers its proactive care management services to patients with a wide range of complex and costly conditions.

- Patients with:
  - Arrhythmias
  - CHF
  - Chronic Kidney Disease
  - COPD
  - Diabetes
  - Myocardial Infarction
  - Pneumonia
  - Poor Nutrition/Dehydration
  - Post CABG
  - Pulmonary Hypertension
  - Uncontrolled Hypertension
- Patients who require frequent vital sign monitoring (i.e. daily BP's)
- Patients with recurrent ER and SNF visits and hospitalizations
- Patients with high home health utilization
- Patients with post operative recovery and/or complications
- Patients with a history of poor medication management
- Patients with frequent medication changes and/or home care meds

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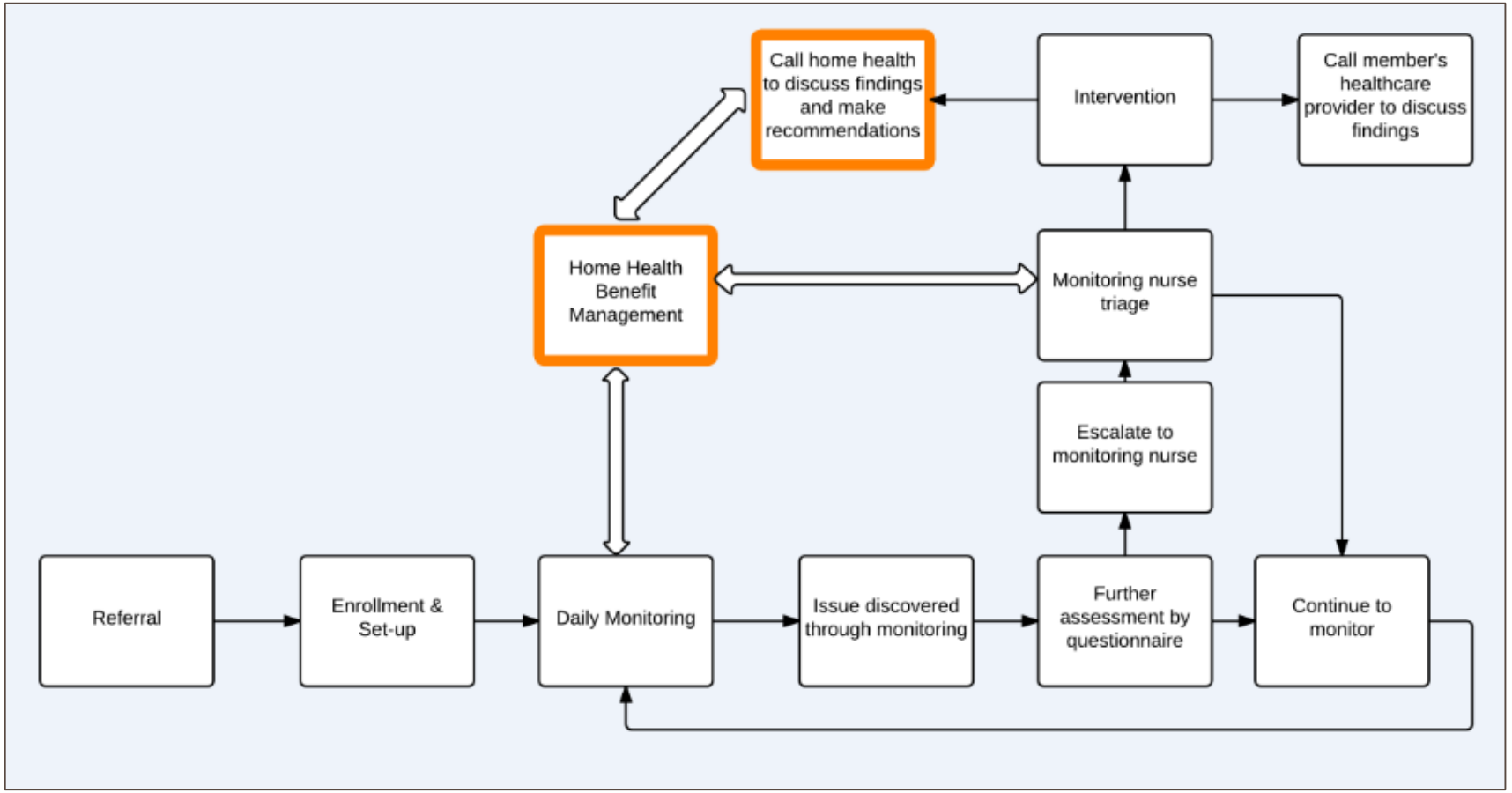
myNEXUS Qualifications: Methodology

Our Approach:

- myNEXUS utilizes advanced tech to continuously monitor patients, initiate proactive intervention, improve outcomes, and prevent costly institutionalization.



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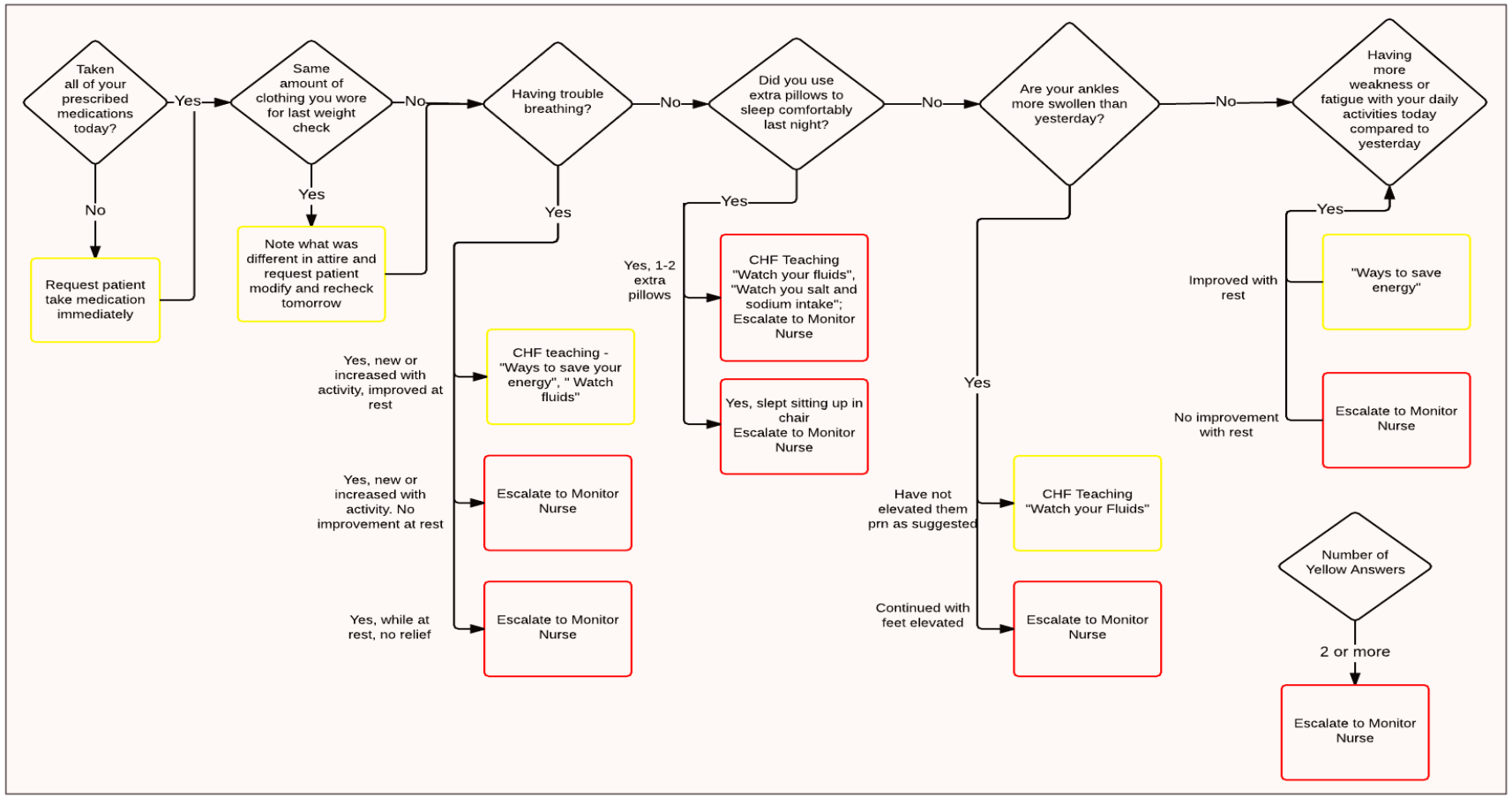
myNEXUS Qualifications: Assessment

Our Oversight:

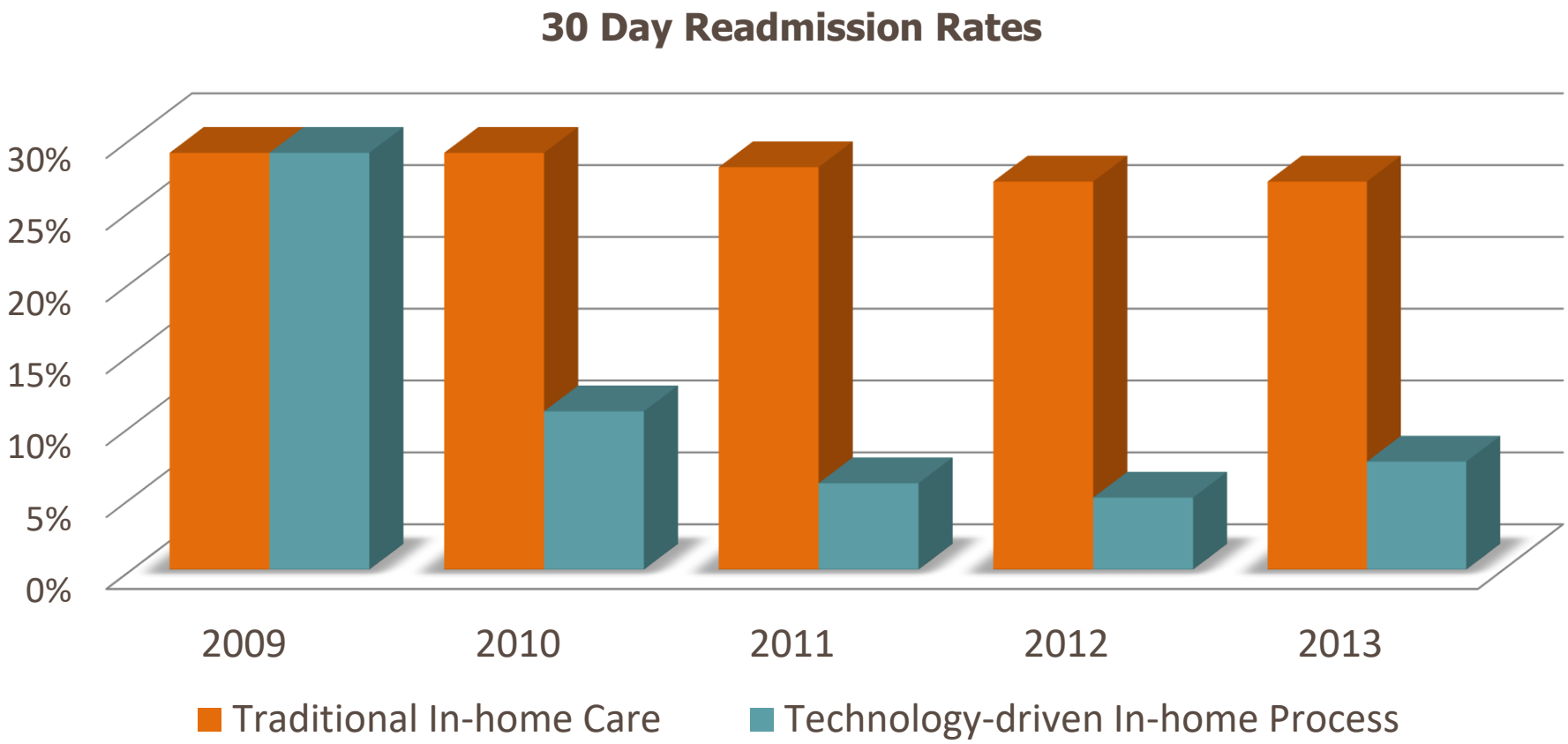
- As illustrated by this weight-focused formula, myNEXUS tracks critical data and activities in order to ensure proactive risk avoidance and continuous care management.



myNEXUS Qualifications: Proven Impact

Self-Funded Pilot:

- myNEXUS documented a sustained 80% reduction in hospital and nursing home readmissions:



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Concluding Thoughts

We believe the Connected Care Pilot Program has the power to make a meaningful difference for unserved, disadvantaged communities by significantly improving outcomes and reducing costs for high-risk individuals residing in them.

We would be honored to leverage our technology and care management experience to help the FCC test its thesis and meet the objectives of this important Pilot. Towards that end, we hope this examination of two potentially suitable communities – Farner, TN and Valentine, TX – and our proposed care management pilot is of value.

We stand ready to answer any questions and serve as a resource as the Commission continues its development of the Connected Care Pilot Program.

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