



August 15<sup>th</sup> , 2019

Secretary Marlene H. Dortch  
Federal Communications Commission  
Washington, DC 20554

#### Comments

#### FCC Docket 18-213 Pilot Program for Low Income Rural Areas

Since 2010, The Center for the Advancement of mHealth through its provider partners have triaged 10's of thousands of residents living in rural and low income areas. Triage services include but are not limited to new and expectant mothers, chronic and short term illnesses and addiction treatment and recovery services.

Upon reviewing the entire NPRM we offer the following general comments to develop a successful pilot program where success is measured by accurate, real time data provided to the FCC:

1. Identify the geographic and demographic areas of need based on income levels and physician shortages
2. Partner with ETC's and other qualified entities in those identified areas
3. Provide remote access to the providers and specialists required for the illnesses / conditions defined by the rules
4. Remotely diagnose / assess the level of care / monitoring needed – this can be done through wireless or wireline
5. Triage and provide remote care through telehealth
6. Provide real time data to stakeholders

#### **We comment that accurate data can be obtained through the following metrics:**

- Number of utilizers in the low income / rural areas
- Savings based on existing healthcare costs
- Comprehensive end user surveys
- Document "What would the subscriber have done without the Pilot Program Access?"
- Drug cost containment compared to traditional care
- Determination as to whether to continue the program beyond the pilot phase
- Feedback from the healthcare providers

**Comment on eliminating “marketing” funds:**

A successful program can ONLY be accomplished if residents and subscribers are aware of the program. We respectfully, however strongly suggest the presence of limited funding for education and awareness of the pilot program for the residents in those areas that remote access is available. These comments are made with the caveat that there must be accountability for the funding used to inform the subscriber and capped by a percentage of the funding.

**Comment on funding for equipment and laying fiber:**

We suggest having the funding provide direct access for healthcare professionals and limiting funding used for administration, laying fiber and procuring equipment. With the current program we see significant waste, fraud and abuse while in parallel not significantly improving access to the end user.

**Our comments relative to determining the geographic areas:**

- Develop a coverage map
- Identify population per county and density per square mile
- Determine median household income per county
- Determine low income percentage in each county verses US median household income
- Identify healthcare costs per person percentage verses US percentage
- Acquire physician shortage data from geographic area

**Coverage Map Example- Western North Carolina**

Comments and suggestions on ETC coverage map / ETC participant example -

North Carolina County	Population	Density Per Sq Mile	Median Household Inc	US Household Income \$59,039
Alexander	37198	143	\$ 44,523	-24.60%
Alleghany	11155	47	\$ 38,944	-33.90%
Ashe	27281	64	\$ 40,293	-21.90%
Avery	17797	190	\$ 35,891	-39.30%
Burke	90912	179	\$ 40,854	-31.10%
Caldwell	83029	176	\$ 40,735	-31.10%
Catawba	154810	387	\$ 48,649	-17.60%
Rutherford	67810	120	\$ 36,863	-37.60%
Surry	73673	138	\$ 39,071	-34.90%
Watauga	51079	163	\$ 41,541	-29.90%
Wilkes	68740	92	\$ 32,517	-44.10%
Total / Average density	683484	154	\$ 39,982	-32.30%
Additional Rural Area Data				
Beaufort County SC	186,844	282	\$ 41,101	-30.40%
Harrison County WV	67544	163	\$ 48,315	-18.20%
Predominant Rural State Data				
North Carolina Median Inc	\$ 52,752			
South Carolina Median Inc	\$ 50,570			
West Virginia Median Inc	\$ 43,469			
Alabama Median Inc	\$ 61,512			
Kentucky Median Inc	\$ 48,375			
United States Median Inc	\$ 59,039			
Suffolk County NY Median Income	\$ 94,750			
Cook County IL Median Income	\$ 62,992			

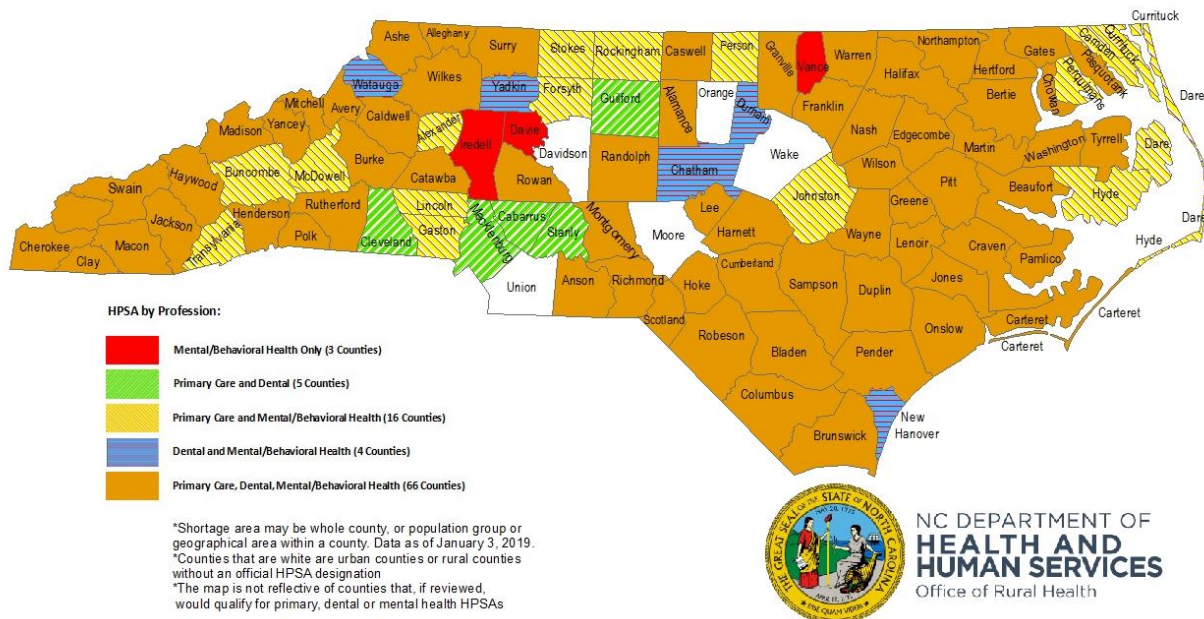
Average Healthcare costs per capita in North Carolina, low income and rural area is 26.8% of the average median income per US household - compared to US median income verses healthcare, 18.1% of the US Median Income. In summary, the lower income / rural areas are more negatively impacted by healthcare costs. Additionally, reduced access to care further exasperates the challenges faced in rural areas.

\*Data provided by 2014 – 2017 US Census Data, <https://www.census.gov/> NCDHHS, <https://www.ncdhhs.gov/>

Income Data provided by <https://demography.cpc.unc.edu/resources/data-tables/>

## North Carolina Physician shortage

### North Carolina Counties Designated Health Professional Shortage Areas SFY 2019



<b>Average NC Healthcare costs per person</b>	<b>\$10,739</b>		<b>26.8% of NC median income</b>	<b>18.1% of US median income</b>
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### Comments on the areas of agreement:

- Limited to 3 years with the opportunity to expand if positive results can be quantified
- Must be predominantly rural with density per square mile not to exceed 500 (rural defined as 1 – 999 per square mile)

### Comments and suggestions on preliminary overview:

- Each subscriber could have 24/7 access to monitoring and a provider network through voice or video technology

- Illnesses treated including but not limited to New Mothers, Expectant and High Risk Pregnancies and Chronic Illness Management when appropriate, Behavioral Health including substance abuse treatment and recovery

**Comments on disqualifying short term illnesses:**

The Center does suggest not disqualifying short term illnesses due to the onset / presence of symptoms that may represent or indicate the onset of a chronic or catastrophic clinical condition. Such conditions may represent an oncoming heart attack or organ failure in older residents

**Geographic areas of interest for the pilot program:**

- Western North Carolina (example area)
- Eastern Kentucky
- Central and Southern South Carolina
- Rural Alabama
- Rural West Virginia

**Comments on operational capabilities:**

- Toll Free 24/7 dedicated phone number
- Qualified providers available upon demand in real time
- HIPAA compliant / secure technology platform
- Web enabled audio and/or video

**Providers available in real time**

- Psychiatrists
- Counselors
- Primary Care Physicians
- Dentists
- Internists
- Oncologists
- Endocrinologists

**Acute and Chronic Conditions Treated**

- Diabetes
- COPD
- New and Expectant Mothers
- High Risk Pregnancies
- Heart Disease

**Behavioral Health Clinical Conditions Treated**

- Depression
- Anxiety

- Suicidal Ideation
- Alcohol or Drug problems
- Grief and loss
- Eating Disorders
- Stress Management
- Pain management
- Major life events: birth, death, accidents
- Healthcare concerns
- Marriage or relationship problems
- Eldercare, childcare, and parenting issues

The Center for the Advancement of mHealth appreciates the efforts of the FCC in improving access and looks forward to sharing data relative to outcomes and cost reduction.

Please feel free to reach out with any questions or suggestions.

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The Center for the Advancement of mHealth