



HEALTHCARE COMMUNICATIONS, LLC

Providing Subsidized Access to Highspeed Internet for Qualified Healthcare Providers

August 27, 2018

Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

Re; Promoting Telehealth for Low-Income Consumers, Notice of Inquiry – WC Docket No. 18-213

Dear Chairman Pai and Commissioners O'Reilly, Carr and Rosenworcel

LoneStar Healthcare Communications is a consortium leader within the Healthcare Connect Fund. We have 50 member locations within the State of Texas and, with the help of the Connect Care Pilot Program we envision an integrated, healthcare communications network consisting of multiple hub hospitals/clinics/patients catchment areas, growing to become ubiquitous healthcare across the State.

We are very impressed by the foresight and thoroughness of the Connect Care Pilot Program and offer the following comments that we hope are helpful.

1. Connect Care Pilot Program funding would be very much appreciated and can be leveraged by work already done or in process, plus other alternative funding sources. This can include:
 - a. Funding awarded by the Healthcare Connect Fund that provides the very important Broadband Communications infrastructure.
 - b. Matching funds from private, non-profit sources already supporting the State of Texas healthcare community.
 - c. A local group purchasing organization for healthcare providers (HCP) members only, providing cost savings that will maintain financial sustainability after the end of Connect Care Pilot Program funding.
2. We think, that because of assets in place now, partnerships with existing organizations within the healthcare community can provide the best leverage to increase the benefits received from the Connect Care Pilot Program. For our Texas healthcare community this would include:
 - a. Existing clinic groups already benefiting from the Healthcare Connect Fund.
 - b. A state wide collaboration of rural clinics and hospitals that interface, as catchment area groups of hub hospitals/clinics/patients. This is the telemedicine link of most interest to the Connect Care Pilot Program.
 - c. An area provider of Broadband Communications services which places high priority on expanding Broadband services to rural communities in Texas.

- d. A healthcare industry focused organization that:
 - i. Is a provider of purchasing services for its HCP members
 - ii. Is the lead entity in building a Health Information Exchange (HIE) with medical records for 1,000,000+ patients.
 - iii. Represents a nationally recognized provider of telemedicine products and services.
 - e. A foundation that provides multi-million dollars in funding, each year, for the underserved healthcare community.
3. Our goals to be reached with the Connect Care Pilot Program are:
- a. Use of telemedicine services and applications for low income and non-rural families, veterans and rural families at rates reasonably comparable to those services in urban areas.
 - b. Identify healthcare outcomes by demographic groups and geographic areas to help identify the benefits of expanded telemedicine services. This data is collected by our Health Information Exchange partner, with no restrictions as to the health issues and patients.
 - c. Deliver clinic to consumer healthcare to an expanding catchment area that will eventually meet the boundaries of surrounding catchment areas.
 - d. Reduction of healthcare costs. This includes out of pocket expenses such as transportation, loss of work time, and re-admission for treatment and testing easily handled by telemedicine and video conferencing between the HCP and patient.
 - e. Overlay the Connect Care Pilot Program on the existing Healthcare Connect Fund (HCF) accomplishments in subsidizing Broadband Communications. This HCF platform provides an expanding Broadband network to low income and rural families, and veterans, and provides a very clear determination of who and what is eligible to participate.
 - f. Use the US Department of Census tracking system to determine which hub hospitals/clinics/patients are identified as rural. This is now used for this purpose by the Healthcare Connect Fund.
 - g. Expand the reach of telemedicine from the current end of Broadband Communications service deployment to all healthcare patient consumers with the use of cellular communications. As Broadband Communication service expands further to more unserved and rural areas these patients will be moved from cellular to Broadband Communication.
 - h. Determination of eligibility of all patients can be done by the initial treating clinic using the eligibility standards required of Federally Qualified Health Centers (FQHC). This places determination of eligibility at the start point for treatment by state licensed HCPs, which clearly identifies low income patients and also removes those that are no longer eligible.
 - i. In addition to the Connect Care Pilot Program funding hub hospitals and clinics we also favor including mobile clinics (such as mobile dental clinics) that bring health services and Broadband Communications to unserved, underserved and rural areas. We also favor including emergency health care facilities (ambulances) that can provide

telemedicine and triage at the initial point of healthcare contact. In some areas in Texas, the distance involved can be 5 miles with travel time of 1 hour in non-rural areas, or 60 miles with travel time also of 1 hour but in rural areas.

- j. Provide subsidy for communications device cost incurred by at home patients, whether a smart phone, tablet or notebook PC.

Respectively submitted,



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