Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of	)	
	)	
Promoting Telehealth for Low-Income Consumers	)	WC Docket No. 18-213
	)	

COMMENTS OF CHRISTUS HEALTH

CHRISTUS Health ("CHRISTUS") hereby submits these comments in response to the Notice of Proposed Rulemaking ("NPRM") issued by the Federal Communications Commission ("Commission") in the above-captioned proceeding.[1] CHRISTUS commends the Commission for its actions to directly address the significant barriers to the use of telehealth through the establishment of a Connected Care Pilot Program ("Pilot Program") to provide support for broadband connectivity that will enable patients to receive care beyond the hospital or doctor's office. Based on its extensive experience with the power of telehealth services to significantly improve patient outcomes, CHRISTUS urges the Commission to: (1) consider including additional health conditions such as patients in need of maternal-fetal medicine (for high-risk pregnant mothers), gestational diabetes, advanced maternal age, eclampsia, and maternal hypertension; (2) support the costs associated with ensuring interoperability of data; and (3) provide support for transmission resources.

I. BACKGROUND.

CHRISTUS is a Catholic, not-for-profit system made up of more than 600 centers,

[1] *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed Rulemaking, Commission 19-64 (2019) ("NPRM").

including long-term care facilities, community hospitals, walk-in clinics, and health ministries. We are a community 45,000 strong, with over 15,000 physicians providing individualized care. CHRISTUS delivers a healing that respects the individual. CHRISTUS has a significant presence in Texas, New Mexico, Louisiana, Arkansas, as well as facilities in Latin American including Mexico, Chile, and Colombia. Many sites in our system serve large numbers of the rural and underserved populations. In fact, many of our entities serve sites designated as "rural" for purposes of the Rural Health Care ("RHC") program. Our service portfolio includes long-term care facilities, community hospitals, walk-in clinics, and health ministries. In addition, we have extended our services to assist our patients with payer choices to include CHRISTUS health plans and services. With this type of comprehensive offering, we are able to meet our patients' needs on all levels.

CHRISTUS has significant experience in the use of telehealth services to further treat patients throughout its ministries. For example, one such program was implemented in 2012 to integrate the use of remote patient monitoring with a focus on post-hospitalization treatment of patients suffering from chronic heart conditions and diabetes. Through this program, CHRISTUS worked in partnership with a carrier and a remote monitoring vendor in Texas, and integrated the use of a care transition team to remotely monitor the identified patients. Specifically, the goals of the remote monitoring project were to increase the quality of care, while focusing on burden reduction for the certified care transition nurses tasked with monitoring the patients remotely. CHRISTUS found the program to be a resounding success after just one year of study, as the project reduced readmission rates among the identified patient population by 24 percent. It also significantly reduced the cost of care annually for enrolled patients with congestive heart failure. Patients enrolled in the program also experienced reductions in post-

discharge complications and reported a higher level of patient satisfaction.

Similarly, an ongoing remote patient monitoring program has seen success in sustaining reduction in readmissions for Chronic Obstructive Pulmonary Disease, Mitral Infarction, and Heart Failure, all of which are less than half the national average readmission rates for these populations. Since its initiation in 2015, this program has demonstrated a steady yearly decline in readmission penalties.

II. THE PILOT PROGRAM SHOULD SUPPORT THE HEALTH CONDITIONS, EQUIPMENT, AND SERVICES NECESSARY TO ENSURE THE PROGRAM MAXIMIZES BOTH THE BENEFIT TO PATIENTS AND THE UTILITY OF THE DATA REGARDING THE EFFICACY OF TELEHEALTH SERVICES PRODUCED FOR THE COMMISSION.

The proposed Pilot Program would provide funding to selected health care providers to defray the costs of purchasing broadband Internet access service necessary for providing connected care services directly to qualifying patients. CHRISTUS urges the Commission to provide additional coverage options for other essential technologies that enable storage transmission and transmission storage of the vital data that is communicated through broadband, which renders that information useful. This more comprehensive use of Pilot Program funds will ensure that the connection to the patient is efficient and complete. Enabling comprehensive piloting of broadband-enabled telehealth applications will benefit low-income patients and the Commission's understanding of the power of these applications to improve patient outcomes.

For example, the utilization of applications such as the Vivify Pathways Go (BYOD) application method will enable the remote retrieval of patient information such as weights, blood pressure readings, glucose readings, and oxygen saturation levels to be transmitted by way of electronic data sharing, providing ongoing care and monitoring while obviating the need for

patients to make burdensome and costly visits to the hospital or doctor's office for such routine measurements. Other outcome measures that can be transmitted electronically include patient utilization/compliance, biometric trending (used to develop "improvement" reports), patient satisfaction (delivered through pathway surveys), alert frequency, and risk (risk score). We understand it is not in the FCC's purview to fund the medical equipment that records this information, but these tools allow it to be transmitted through broadband, which provides the necessary link to the patient.

CHRISTUS therefore encourages the Commission to support a broader array of health conditions, equipment, and telehealth services, which will allow for the greater reach of patients during the Pilot Program and enhance the data generated thereby. Conversely, if the contours are too narrowly circumscribed, the Pilot Program is likely to isolate the very patients it is seeking to assist, including patients in rural and indigent populations without access to traditional medical support options. To avoid this outcome, CHRISTUS urges the Commission to take the following steps in establishing the Pilot Program.

A. Definition of Telehealth and Telemedicine

As an initial matter, CHRISTUS supports the Commission's proposed definition of "telehealth" for the purposes of this proceeding as including a wide variety of remote health care services beyond the doctor–patient relationship, such as services provided by nurses, pharmacists, or social workers. CHRISTUS also supports defining the term "telemedicine" as using broadband Internet access service-enabled technologies to support the delivery of medical, diagnostic, and treatment-related services, usually by doctors.

B. Duration of the Pilot Program

CHRISTUS supports the Commission's proposal to establish the Pilot Program for a

three-year period, with separate ramp-up and wind-down periods. As some projects to be implemented under the Pilot Program may need additional time to prepare for the commencement of operations, we believe ramp-up and wind-down periods of six months each would be appropriate and would provide sufficient time for participating providers to set up and conclude their projects. If a participating health care provider is able to implement and start up a project in less than six months, the Commission could permit such providers to commence their Pilot Program projects and begin receiving support as soon as they are ready.

CHRISTUS proposes a funding award of at least $1 million per year for each participating entity to cover eligible expenses under the Pilot Program, which we estimate is the minimum amount necessary to fund related costs. CHRISTUS also supports the Commission's proposal to distribute the funding commitment evenly across the Pilot Program's duration. It may be the case, however, that ramp-up costs associated with some or all selected projects are significant. In that case, the Commission should consider permitting providers to request an increased amount of support up front to permit providers to cover their one-time start-up costs, which may make the project more fiscally feasible for some participants.

C. Health Conditions

We further urge the Commission to consider including additional health conditions such as patients in need of maternal-fetal medicine (for high-risk pregnant mothers) to improve maternal health in order to reduce morbidity and mortality. According to the Texas Department of State Health Services, focus and attention has been in progress to reduce maternal deaths and negative outcomes as a result of pregnancy, which is a differentiator from the health conditions mentioned in the proposed population inclusion. Other proposed health conditions include gestational diabetes, risks associated with advanced maternal age, eclampsia, maternal

hypertension, etc. Through the utilization of programs such as remote patient monitoring, the capability of measuring health outcomes remotely for blood pressure monitoring, glucose monitoring, and patient education would be possible to benefit these populations.

Based on an approach tailored to populations with health conditions for which telehealth and telemedicine have proved effective, for example, the Pilot Program could include the following patient populations:

- Patients at high risk during transitions of care due to chronic diseases such as congestive heart failure, diabetes, and other comorbid conditions;
- Patients in indigent rural communities without access to medical care;
- Maternal fetal medicine mothers/babies with the aforementioned high-risk conditions as well as gestational diabetes, risk of infant mortality, and congenital fetal conditions (in both the inpatient and outpatient clinic settings);
- Veterans with a high concentration of the aging population in need of chronic disease management; and
- Patients served by Federally Qualified Health Centers, including uninsured and minority populations who have chronic hypertension and who utilize emergency rooms as primary care centers (with the goal of providing outpatient resources to ensure the right care, at the right place, and at the right time, for hypertension disease management).

D. Supported Services

CHRISTUS Health believes the Pilot Program should support the cost of ensuring interoperability of data. Holding patient information via servers, pushing patient information by way of interfaces for utilization of data, and housing patient information via an application all are

desirable, as this coverage allows for consistent care delivery to both insured and uninsured patient populations. Some of the approximate costs anticipated to be incurred may include cloud hosting of data, cellular data, patient interface software, and integration costs for data and analysis.

With regard to funding for health care providers to offer connected care services, safety-net providers such as CHRISTUS would be willing to cover staff and medical expenses. They would struggle, however, to take on the full cost of both these expenses and the adjunct technologies required to ensure interoperability of data. Further, the burden of the associated technologies should not fall on patients who cannot afford them.

E. Network Equipment

Access to broadband alone does not support actual care for patients without the mechanisms that make that broadband functional for health care purposes, such as remote patient monitoring applications or kits that contain electronic equipment that assist with the collection of patient data (*i.e.,* blood pressure reads, glucose readings, daily weights, and other biometric data). Expanding programming funding to move beyond broadband and cover costs associated with data transmission and storage will assist with the interoperability of information by way of the broadband mechanisms.

F. End-User Devices, Medical Equipment, Mobile Applications, and Health Care Provider Administrative Expenses

For safety-net providers like CHRISTUS, participation could be dependent upon the Pilot Program supporting transmission resources, unless there was a separate source of funding for such critical components or a shared financial model to cover costs associated with information storage or the transmission of data. In addition, the costs of outreach to patients are likely to be significant in order to ensure they are aware of the Pilot Program projects from which they could

benefit, and thus to maximize patient participation and the data generated regarding the efficacy of telehealth applications to treat the identified health conditions. The Pilot Program itself, participating providers, and patients would therefore highly benefit from support for outreach materials as many patients are located in rural communities and may not otherwise be aware of what options are available.

III. CONCLUSION.

CHRISTUS strongly supports the Commission's proposal to establish the Pilot Program and shares the Commission's objectives to expand and support connected care for low-income Americans and veterans and to examine how these technologies can improve health outcomes among medically underserved populations. As noted above, CHRISTUS Health has first-hand experience with the improvements that can come from effectively leveraging technology solutions to provide quality, accessible, and affordable care to individuals in all the communities we serve, including rural areas. We applaud the Commission for moving forward with this proposal and strongly support its timely implementation.

For the FCC to achieve its goals in advancing this important Pilot Program, it is critical that the Commission consider the inclusion of additional health conditions that would benefit from enhanced access to broadband-enabled telehealth applications and support the costs associated with ensuring interoperability of data. In addition, Pilot Program support for transmission resources is essential for a health care provider like CHRISTUS, which serves as a safety-net provider and provides a significant amount of uncompensated care each year, to participate.

CHRISTUS believes that the proposed Pilot Program has significant promise to

overcome current obstacles to providing cost-effective connected care services that rural providers and the patients they serve desperately need, and we therefore urge the Commission to take the steps described above to deliver on that promise.

Respectfully submitted,

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