



August 29, 2019

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, District of Columbia 20554

RE: *Promoting Telehealth for Low-Income Consumers Notice of Inquiry, WC Docket No. 18-213*

Dear Ms. Dortch,

We thank the Federal Communications Commission for its tremendous leadership in promoting telehealth to low-income consumers. For 16 years, the Center for Telehealth at the University of Mississippi Medical Center (UMMC) has been a national trailblazer in providing high-quality health care, especially to those with little access to primary and specialty services. UMMC's successful telemedicine program has developed a series of innovative initiatives to mitigate Mississippi's deficiencies in disease prevention and health outcomes by addressing the poverty-driven root causes of poor health literacy, limited education, shortage of healthcare providers, and rural transportation challenges.

The Health Resources and Services Administration recognized our leadership, body of work and mastery of telecommunications technology in 2017 when it named our program one of two federally designated Telehealth Centers of Excellence (TCOE). The TCOE's aim is to strengthen research objectives regarding telehealth implementation, strategy, payment models, data capture, data sharing, EMR integration, payment capture, physician and patient engagement, and workforce development. As we continue to expand and share our knowledge and experiences, the TCOE is working to break down silos and serve as a national clearinghouse for telehealth research, resources, and initiatives.

A consistently growing body of evidence demonstrates that connected health technologies improve patient care, reduce hospitalizations, help avoid complications, and improve patient engagement, particularly for the chronically ill. These tools, which leverage patient-generated health data (PGHD) include wireless health products, mobile medical devices, telehealth and preventive services, clinical decision support, chronic care management, and cloud-based patient portals. As few rural communities have easy access to in-person care, access to broadband to support a connected continuum of care is increasingly vital to America's healthcare system, especially as more innovative remote patient monitoring (RPM) solutions become available. The Connected Care Pilot is, therefore, a meaningful opportunity to provide much-needed support to help bridge the digital-health divide for rural underserved Americans and veterans.

While the Commission's Rural Healthcare Fund has been an effective means for connecting eligible healthcare facilities, support for connectivity to enable telehealth and remote monitoring is lacking to the detriment of countless rural Americans in need of high quality medical care. As proposed, the Commission's Connected Care Pilot includes in its mission expanding broadband services to enable connectivity for rural patients and healthcare facilities. This focus will make major inroads into solving the broadband-enabled healthcare problem, if correctly executed.

We strongly support the Federal Communications Commission's goals in its proposed Connected Care Pilot and respectfully submit these specific comments in response to the Notice of Proposed Rulemaking (NPRM) in the above-captioned proceeding.¹

- The past practices of the Commission in funding healthcare-related connectivity have been limited in scope and effectiveness, and we believe that the pilot must go much further. For example, in addition to broadband connectivity and network equipment, pilot projects should explore support for innovative end-user devices and software platforms. These opportunities should include remote patient monitoring, pediatric and special needs populations, as well as follow-up and urgent care at a patient's home. We encourage FCC to partner with other federal agencies active in telehealth, such as HHS, CMS and USDA, to enable comprehensive projects that fully fund each pilot in order to maximize the impact of said projects. In addition to connectivity and technology expenditures, funds should be made available to cover programmatic administrative costs necessary to ensure a comprehensive system.
- The Commission should ensure that the data it collects from each pilot project provides evidence of how patient outcomes are being improved, as well as cost savings to the healthcare provider and the populations they are serving in the pilot. This evidence will be important for evaluating the success of each pilot program and will also provide an important base for future connected health policy-related decisions at the federal and state levels.
- The Commission should ensure that each pilot program receives a sufficient amount of support so that it may fully enable innovative healthcare providers to serve disadvantaged populations in rural areas, particularly where the necessary infrastructure may not already exist. If pilot funding is spread too thin, it could result in under-resourced and ineffective programs, which will defeat the purpose of the pilot. We support the pilot awarding no more than five projects to participants that demonstrate their experience with and their commitment to the value in delivering connected health technologies to improve patient outcomes and reduce healthcare costs.

¹ *In the Matter of Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed Rule Making (Connected Care Pilot NPRM) (2019). Available at <https://www.federalregister.gov/documents/2019/07/30/2019-16077/promoting-telehealth-for-low-income-consumers>.

- The pilots should have a demonstrated ability to deliver telehealth-based care comprehensively and in collaboration with multiple stakeholders. It is our experience that overall strong collaboration for this funding is a mechanism to ensure programmatic integrity, meaningful use of connectivity and technology, and minimization of funding duplication across agencies. Additionally, we recommend that demonstrated collaboration with a TCOE and/or TRC serves as an indication that an applicant would work closely together as part of the application pilot. HRSA's Federal Office of Rural Health Policy and its Office for the Advancement of Telehealth, the TRC's, and TCOE's have been successful in building a network fostering regional approaches that promote telehealth growth and adoption.
- We believe that a project of this magnitude has the potential to disrupt established approaches to the delivery of care. Connectivity allows the opportunity to create a modern system that delivers healthcare at the appropriate time and at the appropriate place, maximizing outcomes for patients. We suggest that the Commission prioritize applications that demonstrate maximum impact on the most vulnerable populations and showcase the ability to drive sustainable systematic innovation and transformation of care.
- The Commission should consider the ability of the applicant to sustain the provision of health care beyond the timeframe of this pilot program. As such, we advise the Commission to strongly consider the current legislative and reimbursement framework for telehealth services in an applicant's region to ensure realistic telehealth adoption for healthcare providers.
- While the focus of this pilot is on rural access, we encourage the FCC to open the program to urban populations as well, as we know proximity to health facilities does not always mean patients will have access. We also support a broad and inclusive approach to pilot eligibility and encourage the Commission to permit applications from any "health care provider" as defined in section 1171(3) of the Social Security Act, whether rural or urban, to ensure the broadest range of proposals and ideas.

We thank the FCC for this opportunity to comment, and for its consideration of our views.

Sincerely,



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