

**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 VIRASPEX – THE VIRTUAL VASCULAR SPECIALISTS

Viraspex, by its attorneys, respectfully submits these comments on the Notice of Proposed Rulemaking (“NPRM”) issued by the Federal Communications Commission (“Commission” or “FCC”) on July 11, 2019, in the above-referenced matter.¹ The Commission seeks comment on the creation of a Connected Care Pilot program, which would operate as a new program within the federal universal service fund (“USF”) and provide funding to eligible health care providers (“HCPs”) to defray the qualifying costs of providing connected care services to low-income Americans and veterans.² Viraspex is at the forefront of vascular telemedicine services, and strongly supports the Commission’s efforts to help “patients stay directly connected to health care providers through telehealth services” and “improve health outcomes among medically underserved populations that are missing out on these vital technologies.”³

BACKGROUND

Viraspex uses telemedicine to provide patients located across the country with access to Board-certified vascular specialists for routine examinations, arterial and venous evaluations, and

¹ WC Docket No. 18-213, *Promoting Telehealth for Low-Income Consumers*, Notice of Proposed Rulemaking, FCC 19-64 (rel. July 11, 2019) (“NPRM”).

² NPRM ¶ 3.

³ NPRM ¶ 1.

to address acute emergency or chronic conditions.⁴ For example, Viraspex uses telemedicine to deliver patient care for:

- Evaluation and treatment options for diabetic foot wounds, ulcers, gangrene of the toes, and other non-healing wounds such as venous stasis ulcer and skin infections
- Evaluation of peripheral arterial occlusions, whether acute or chronic
- Venous issues including deep venous thrombosis and pulmonary embolism
- Abdominal aortic aneurysms whether ruptured, symptomatic, or as an incidental finding during evaluation for an unrelated issue
- Carotid artery disease management, whether symptomatic or asymptomatic
- Evaluation of other aneurysm of the arterial circulation such as popliteal artery aneurysm
- Evaluation and management of limb swelling and pain, even in nursing facilities
- Dialysis access function and evaluation
- Reading of non-invasive arterial and venous Dopplers if that capability is not present

The Connected Care Pilot program is intended to benefit those patients with long-term medical needs, such as diabetes management, opioid dependency, high-risk pregnancies, pediatric heart disease, mental health conditions, and cancer.⁵ The vast majority of patients seen in the vascular medicine field are those requiring long-term care associated with diabetes, dialysis, and coronary artery disease. As the nation's first vascular telemedicine company, Viraspex, and the virtual vascular specialists it works with, provide precisely the type of long-term, connected care envisioned by the Commission. As such, Viraspex is uniquely qualified to comment on, and participate in, the Commission's proposed Connected Care Pilot program.

⁴ <https://www.viraspex.com/>. Dr. Edic Stephanian, MD, FACS is the Executive Director of Viraspex. Dr. Stephanian also is a partner in Vascular Care of Texas (<https://www.vcaretexas.com/>), which provides a full-range of vascular-related services associated with dialysis, stroke, artery disease, and others to patients throughout the state of Texas.

⁵ NPRM ¶¶ 4, 44-45; *see also* *Direct-to-patient telemedicine has benefits for providers, patients, and the practice*, MDedge (Aug. 26, 2019), <https://www.mdedge.com/endocrinology/article/207062/business-medicine/direct-patient-telemedicine-has-benefits-providers> (discussing the range of diabetes care services that can be delivered through telemedicine and that “numerous studies have reported on the equivalent clinical outcomes and improved cost-of-care benefits in patients who receive diabetes care through telemedicine”).

COMMENTS

The importance of telemedicine to vascular medicine cannot be understated. Obtaining access to a vascular specialist is growing harder and harder each day. There are approximately 3,000 vascular surgeons nationwide, and a significant number of those will retire within the next decade.⁶ This could have a dramatic effect given the growing number of older Americans who require vascular-based services. The combination of aging Baby Boomers and increase in life expectancy means that older adults make up a much larger percentage of the U.S. population than ever before.⁷ Older patients often have multiple chronic conditions, which require HCPs to spend more time with the patient and to coordinate ongoing care.⁸ Viraspex estimates older adults require two to three times the amount of specialty care to treat chronic conditions and age-related illnesses. The shortage in vascular surgeons will have an acute effect on older Americans.

Access to quality vascular care is even harder for low-income consumers or those located in rural areas. “‘It’s no secret that poverty is associated with vascular disease,’ and “[l]ow-income patients tend to have more advanced disease when they show up in a vascular specialist’s office.”⁹ “Many community hospitals, in both suburban areas or small towns completely lack any access to

⁶ See, e.g., Julia Haskins, *Desperately seeking surgeons*, Association of American Medical Colleges (Apr. 26, 2019), <https://news.aamc.org/patient-care/article/desperately-seeking-surgeons/> (“‘It’s always an issue of supply and demand, and currently there is a huge demand for vascular services but unfortunately not as much supply,’ says Makaroun, president of the Society for Vascular Surgery”); *The national shortage of vascular surgeons*, Society for Vascular Surgery (July 24, 2018), <https://vascular.org/news-advocacy/national-shortage-vascular-surgeons> (“First, newly trained vascular surgeons are not entering the workforce in adequate numbers to meet the increased demand presented by the nation’s aging population, even with the improvements projected from the new 05 training program; second, there is a large percentage of vascular surgeons currently practicing who are expected to retire in the next decade, with estimates reaching 35%-45%.”).

⁷ Caring for An Aging America: Meeting the Health Care Needs of Older Adults, Eldercare Workforce Alliance, <https://eldercareworkforce.org/caring-for-an-aging-america-meeting-the-health-care-needs-of-older-adults/>.

⁸ Caring for An Aging America: Meeting the Health Care Needs of Older Adults, Eldercare Workforce Alliance, <https://eldercareworkforce.org/caring-for-an-aging-america-meeting-the-health-care-needs-of-older-adults/>.

⁹ *What low-income patients need from providers*, Society for Vascular Surgery (Sept. 4, 2018), <https://vascular.org/news-advocacy/what-low-income-patients-need-providers>.

vascular surgical care, even in states with seemingly adequate numbers.”¹⁰ This is problematic as “[p]eople in rural areas tend to be poorer, older and sicker than their urban counterparts . . . are more likely to smoke and be overweight or obese . . . have higher rates of hypertension and opioid misuse, and lower rates of exercise and health coverage.”¹¹

Telehealth, telemedicine, and connected care can level the playing field for healthcare in general and vascular medicine in particular. The virtual vascular specialists made available by Viraspex can streamline care, eliminate unnecessary hospital transfers,¹² reduce travel, and support long-term remote monitoring to prevent and manage chronic and acute conditions, in both urban and rural locations.¹³ Research has shown that “[v]irtual vascular surgical clinics have the potential to not only improve access for patients but also boost the market for vascular care.”¹⁴ These new virtual technologies will allow Viraspex and its virtual vascular specialists to serve the “sickest of the sick”¹⁵ that might otherwise lack access to the specialty care they need. Accordingly, Viraspex strongly supports the Commission’s proposed Connected Care Pilot

¹⁰ *Change Doesn’t Come Easy! But It is Needed*, Society for Vascular Surgery (July 17, 2019), <https://vascular.org/news-advocacy/change-doesn%E2%80%99t-come-easy-it-needed>.

¹¹ *Tackling the Rural Access Crisis: Cardiologists Will Need an Array of Tools to Meet Patients’ Needs*, Cardiovascular Business (July 16, 2018), <https://www.cardiovascularbusiness.com/topics/healthcare-economics/tackling-rural-access-crisis-cardiologists-will-need-array-tools-meet>.

¹² See, e.g., Eric Wicklund, *Telemedicine Gives SNFs a Tool to Improve Care, Cut Medicare Costs*, MHealth Intelligence (Aug. 27, 2018), <https://mhealthintelligence.com/news/telemedicine-gives-snfs-a-tool-to-improve-care-cut-medicare-costs> (“This study found that use of a dedicated, virtual, after-hours physician coverage service in an SNF demonstrated a significant reduction in Medicare costs (acute inpatient hospital, subacute care, and transfer costs”).

¹³ *Implementation of a virtual vascular clinic with point-of-care ultrasound in an integrated health care system*, National Center for Biotechnology Information, U.S. National Library of Medicine (July 2018), <https://www.ncbi.nlm.nih.gov/pubmed/29398312>.

¹⁴ Christopher Cheney, *Virtual Vascular Clinic Satisfies Patients*, HealthLeaders (July 17, 2018), <https://www.healthleadersmedia.com/clinical-care/virtual-vascular-clinic-satisfies-patients>.

¹⁵ Thomas Bernick, MD, FACS, NorthJersey.com (Jan. 9, 2017), <https://www.northjersey.com/story/life/2017/01/09/thomas-bernick-md-facs/96258228/> (“Vascular patients are the sickest of the sick and their follow-up care continues throughout their life,” he says. “Some procedures last forever and others have a time frame, but, either way, vascular health requires a lot of maintenance. You are a patient for life. We’re working to find and treat a problem before it becomes an even bigger problem.”).

program to ensure all vascular patients, regardless of location or income status, have access to quality healthcare and the cost savings that result from connected care technologies.

Broadband Access and Broadband-Enabled Devices

The Commission notes that many patients lack broadband service or sufficient broadband service to receive connected care services, and seeks comment on the use of Connected Care Pilot program funding to provide broadband connections to patients to support their use of connected care services.¹⁶ Further, the Commission asks whether there are “packages or suites of services” that could be funded as “information services” under the Connected Care Pilot program.¹⁷ The Commission also asks about use of the Connected Care Pilot program to fund end-user devices, connected care medical devices, and connected care mobile applications.¹⁸ Viraspex supports the use of Connected Care Pilot program funding to ensure patients receive a fixed or mobile broadband connection to access connected care service, software or other information service needed for operation of the connected care service, and the end-user device on which the connected care service is received.

In order for the Connected Care Pilot program to reach its full potential, the Commission must ensure all patients can be “connected.”¹⁹ Viraspex understands the Commission has previously found that Section 254 of the Act focuses “on the availability of and access to services,” not equipment.²⁰ However, that interpretation may be too narrow; there can be no “access to

¹⁶ NPRM ¶¶ 19-20.

¹⁷ NPRM ¶ 23.

¹⁸ NPRM ¶ 26.

¹⁹ See, e.g., *Understanding the 4 Key Barriers to the Adoption of Telemedicine*, VC Daily (Aug. 27, 2019), <https://www.videoconferencingdaily.com/healthcare/understanding-the-4-key-barriers-to-the-adoption-of-telemedicine/> (“This makes it crucial that rural broadband access be addressed if telemedicine is to reach those outside the care of a physical doctor. . . . Until this barrier to the adoption of telemedicine is overcome, thousands of patients that could benefit from telemedical services will be sitting on the sidelines.”).

²⁰ NPRM ¶ 26; see also 47 U.S.C. § 254.

services” if patients do not have the “equipment” needed to receive those services. The Commission defines connected care “as a subset of telehealth that is focused on delivering remote medical, diagnostic, and treatment-related services directly to patients outside of traditional brick and mortar facilities.”²¹ Under this definition, a key component of “connected care” is access to care outside of the confines of traditional medical facilities, which can only be possible when the patient has access to both broadband and broadband-enabled devices.

Another key aspect of the services to be provided under the Connected Care Pilot program is the “remote” nature of the services. The Commission previously recognized the importance of remote monitoring when it made spectrum available for Medical Body Area Network (“MBAN”) devices.²² MBAN technology allows for wireless networking of multiple body transmitters used for the purpose of measuring and recording physiological parameters and other patient information or for performing diagnostic or therapeutic functions, primarily in health care facilities. The Commission found MBAN technologies would enhance patient safety, care, and comfort, while improving the state of health care in the United States. Today, remote patient monitoring and mobile health applications can be accessed on smartphones or tablets outside of health care facilities and physicians can “deliver quality health care directly to patients, regardless of where they are located.”²³

The Home Telehealth Program managed by the U.S. Department of Veterans Affairs evidences the success of ensuring patients have access to both broadband and adequate devices to receive connected care services.²⁴ Under this program, Veterans Affairs has provided tablets to

²¹ NPRM ¶ 21.

²² *Amendment of the Commission’s Rules to Provide Spectrum for the Operation of Medical Body Area Networks*, 27 FCC Rcd 5422, ¶ 1 (2012).

²³ NPRM ¶ 7.

²⁴ NPRM ¶ 19; *see also*, Eli Richman, *The VA tried loaning out thousands of iPads to veterans for telehealth*.

veterans who did not have or could not afford a computer at home. The tablet allows veterans to communicate with their doctors from home using a video calling app, as well as enabling them to easily track and send relevant health metrics. The key to the program's success is the veteran does not need to worry about obtaining a tablet or securing the Internet connection to operate the tablet. The Virginia Telehealth Network and others offer similar programs, which ensure the patient has all the tools necessary to access the "connected care" he or she needs.²⁵ The Connected Care Pilot program should do the same.

Other Program Structure Considerations

The Commission asks whether there are medical licensing or reimbursement laws that would have a bearing on how the Commission structures the Connected Care Pilot program.²⁶ Viraspex commends the Commission for acknowledging the existence of such barriers to telehealth programs. The Florida legislature recently passed a law providing additional guidelines on the use of telehealth in the state, including new practice standards, a registration process for out-of-state HCPs, and reimbursement provisions.²⁷ New Hampshire's Medicaid program also now covers the use of telemedicine technology for primary care visits, substance abuse treatment, and more.²⁸ Oklahoma and Missouri also recently addressed telehealth regulatory and payment matters to ensure patients and physicians in those states can utilize these new technologies,²⁹ and

Now they plan to double the program, FierceHealthcare (Sept. 19, 2018), <https://www.fiercehealthcare.com/tech/va-expects-to-double-tablet-leasing-program-for-at-need-veterans-potentially-distributing-12>.

²⁵ NPRM at nn.6, 28, 200.

²⁶ NPRM ¶ 27.

²⁷ *Florida Legislature Passes New Telehealth Law Addressing Licensing, Practice, and Payment*, eWellness Healthcare (May 14, 2019), <https://www.globenewswire.com/news-release/2019/05/14/1823731/0/en/Florida-Legislature-Passes-New-Telehealth-Law-Addressing-Licensing-Practice-and-Payment.html>.

²⁸ Ethan DeWitt, *Telemedicine now covered by N.H. Medicaid for primary care visits, substance use disorder*, Concord Monitor (Aug. 13, 2019), <https://www.concordmonitor.com/Telemedicine-now-covered-by-New-Hampshire-Medicaid-for-primary-care-visits-and-substance-use-disorder-27682090>.

²⁹ *Missouri Gives Physician Assistants More Freedom to Use Telehealth*, MHealth Intelligence (Aug. 16,

other states are taking similar steps.³⁰ The Centers for Medicare and Medicaid Services recently issued its proposed 2020 Physician Fee Schedule rule, which contains new telehealth services covered under Medicare.³¹ Congress also introduced the Telemedicine Across State Lines Act, which directs the Department of Health and Human Services and other federal government agencies to address telemedicine program best practices.³² While there has been some movement in the area of permitting doctors to practice across state borders since the last time the Commission requested comment on this issue, more needs to be done. Viraspex supports Commission actions to remove barriers to telehealth implementation throughout the United States.

2019), <https://mhealthintelligence.com/news/missouri-gives-physician-assistants-more-freedom-to-use-telehealth>; Randleman: *This Week at the Capitol*, Muskogee Phoenix (Aug. 25, 2019), https://www.muskogee phoenix.com/opinion/columns/randleman-this-week-at-the-capitol/article_5e1c4dc8-dbc1-54c2-b488-97a2ba184a41.html.

³⁰ *California Expands Medicaid Coverage for Telehealth, mHealth Services*, MHealth Intelligence (Aug. 27, 2019), <https://mhealthintelligence.com/news/california-expands-medicaid-coverage-for-telehealth-mhealth-services>; *Legislators to iron out logistics of remote ‘telehealth’ for rural South Dakotans*, Aberdeen News (Aug. 28, 2019), https://www.aberdeennews.com/news/legislators-to-iron-out-logistics-of-remote-telehealth-for-rural/article_be515f0a-0c2b-54c4-8492-af926a5469a3.html.

³¹ *Telehealth: Medicare Moves Forward by Proposing New Telehealth Services for 2020*, The National Law Review (Aug. 12, 2019), <https://www.natlawreview.com/article/telehealth-medicare-moves-forward-proposing-new-telehealth-services-2020>; *see also* Rod Moore, *CMS endorses telehealth for care anytime, anywhere*, Athena Health (August 27, 2019), <https://www.athenahealth.com/insight/cms-endorses-telehealth-care-anytime-anywhere>.

³² *Blackburn Unveils Rural Health Agenda to Bring Care to Underserved Areas* (Aug. 1, 2019), <https://www.blackburn.senate.gov/blackburn-unveils-rural-health-agenda-bring-care-underserved-areas>.

CONCLUSION

For the foregoing reasons, Viraspex supports the Commission's proposed Connected Care Pilot program, and urges the Commission to ensure all underserved patients have access to the vital and important technologies and health care innovations that are made possible by telemedicine, telehealth, and connected care.

Respectfully submitted,

**VIRASPEX – THE VIRTUAL
VASCULAR SPECIALISTS**

/s/ Chérie R. Kiser

Chérie R. Kiser
Angela F. Collins
CAHILL GORDON & REINDEL LLP
1990 K Street, NW, Suite 950
Washington, DC 20006
(202) 862-8900
ckiser@cahill.com
acollins@cahill.com

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Its Attorneys