



AMERICA'S ESSENTIAL HOSPITALS

August 29, 2019

Ajit Pai
Chairman
Federal Communications Commission
445 12th St. SW
Washington, DC 20554

Ref: Promoting Telehealth for Low-Income Consumers

Dear Chairman Pai:

Thank you for the opportunity to comment on the above-captioned proposed rule. America's Essential Hospitals supports the expansion of telehealth services to increase access for vulnerable patients through the Connected Care Pilot program. We are encouraged by the Federal Communications Commission's (FCC's) commitment to using the proposed pilot program to focus new telehealth services on vulnerable communities. Essential hospitals share this commitment to expanding access, including through innovative telehealth services.

America's Essential Hospitals is the leading champion for hospitals and health systems dedicated to providing high-quality care to all, including the vulnerable. While our members represent just 6 percent of hospitals nationally, they provide 23 percent of all charity care nationwide, or about \$5.5 billion, and 17.4 percent of all uncompensated care, or about \$6.7 billion.¹ Charity and uncompensated care are provided at reduced rates or no cost to low-income patients without insurance or the means to cover their cost-sharing responsibilities. The high cost of providing care to low-income and uninsured patients leaves essential hospitals with limited financial resources. Even with their limited means, our more than 300 member hospitals meet their commitment to serving vulnerable patients. Essential hospitals provide specialized services their communities otherwise would lack (e.g., trauma centers, emergency psychiatric facilities, burn care); expand access with extensive networks of on-campus and community-based clinics; furnish culturally and linguistically appropriate care; train health care professionals; supplement social support services; and offer public health programs.

¹ Clark D, Roberson B, Ramiah K. *Essential Data: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2017 Annual Member Characteristics Survey*. America's Essential Hospitals. April 2019. essentialdata.info. Accessed August 14, 2019.

Essential hospitals' commitment to caring for all has made them providers of choice for many patients, especially the vulnerable. Racial and ethnic minorities made up 53 percent of member discharges in 2017.² That same year, three-quarters of essential hospitals' patients were uninsured or covered by Medicaid or Medicare. Our members work tirelessly to improve individual and population health by reducing disparities and delivering equitable and efficient care. Given the potential of telehealth services to improve care for communities essential hospitals serve, we submit the following comments to FCC.

1. FCC should use the Connected Care Pilot to prioritize leveraging telehealth to expand the reach of essential hospitals as they meet their mission of caring for the vulnerable and other patients.

The proposed Connected Care Pilot program, within the Universal Service Fund, would support low-income Americans and veterans by allowing them to stay directly connected to health care providers through telehealth services. As proposed, the pilot would provide funding to eligible health care providers to defray certain costs of providing telehealth services to low-income Americans and veterans. FCC will select an unspecified number of projects to fund through the pilot. The commission proposes limiting the pilot program to projects that primarily focus on health conditions that typically require at least several months or more to treat—such as behavioral health, opioid dependency, chronic health conditions, mental health conditions, and high-risk pregnancies.

In recent years, policymakers have realized the potential and importance of telehealth in expanding access and continue to seek ways to encourage providers to use telehealth. Congress eased some restrictions on telehealth reimbursement through Medicare in the Bipartisan Budget Act of 2018, including lifting the requirement that a patient be located in a rural area in specific contexts, such as for telestroke services and for accountable care organizations. These changes represent an incremental step in the right direction and will enable some providers to reach more patients in need of care at a time and place that works for the patient. We are encouraged FCC is acting to ensure providers are equipped to leverage these services. This pilot program, along with other federal policies to expand access to telehealth, are positive steps to expand access for patients and communities essential hospitals serve.

Many essential hospitals already are leading the way in telehealth initiatives and innovations. Cutting-edge connected care services, such as remote patient monitoring or mobile health applications, have been used to respond to a variety of health challenges, including diabetes management and opioid dependency. For example, an essential hospital in Mississippi partnered with a mobile broadband provider to remotely monitor diabetes patients in rural Mississippi via tablet computers. Results of this pilot program included a marked decrease in blood glucose levels, early recognition of diabetes-related eye disease, and no diabetes-related hospitalizations or emergency

² Ibid.

room visits among the patients in the pilot.³ In terms of cost savings, the pilot program produced nearly \$700,000 in annual savings due to reductions in hospital readmissions alone. Another essential hospital, in Utah, uses telehealth to manage complex patients with multiple chronic conditions through virtual visits and remote patient monitoring. In addition to providing dermatology, cardiology, prenatal care, and burn care through telehealth, this hospital provides state-of-the-art behavioral health services without requiring the patient to travel long distances for in-person care.

In 2017, essential hospitals treated 23.9 million patients living below the poverty line and 17.1 million patients without health insurance. They serve communities in which more than 360,000 individuals are homeless and 10 million have limited access to healthy food in their communities. These populations face higher rates of chronic conditions and often multiple, comorbid conditions. Research shows that telehealth is effective at expanding access for these populations, while simultaneously reducing costs and readmissions.^{4,5} Essential hospitals are leading providers of specialty care for both high acuity and chronic conditions. They already possess the necessary depth and breadth of expertise among their clinicians to provide primary through quaternary care. Telehealth expands the geographic reach of specialists and other providers, efficiently leveraging workforce capacities to connect patients to high-quality care, expand access, and improve population health. Given their strong connection to their communities and experience treating complex patients, essential hospitals are ideal candidates to develop innovative projects as part of the pilot program. **As it considers candidates for the Connected Care pilot, FCC should strongly consider the care essential hospitals provide in vulnerable communities.**

While some essential hospitals already are transforming health care delivery through telehealth, others have struggled to build the capacity to do so. Telehealth allows many essential hospitals, particularly academic medical centers, to reach populations across an entire state or region. But essential hospitals cannot create these programs without appropriate resources. This FCC pilot program would allow essential hospitals to leverage their existing role as trusted care providers in their communities and expand their reach to populations that otherwise lack access to services. **FCC should ensure essential hospitals are able to access funds from the pilot to build upon telehealth progress and create new programs to benefit the unique communities they serve.**

2. FCC should recognize the needs of communities nationwide and not limit the availability of pilot funds based on geographic factors.

³ Promoting Telehealth for Low-Income Consumers—Notice of Inquiry. Federal Communications Commission. August 3, 2018. <https://docs.fcc.gov/public/attachments/FCC-18-112A1.pdf>. Accessed August 21, 2019.

⁴ Totten AM, Hansen RN, Wagner J, Stillman L, Ivlev I, Davis O, O'Reilly C, Towle C, Erickson JM, Erten-Lyons D, Fu R, Fann J, Babigumira JB, Palm-Cruz KJ, Avery M, McDonagh MS. Telehealth for Acute and Chronic Care Consultations. Agency for Healthcare Research and Quality. April 2019. <https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/cer-216-telehealth-final-report.pdf>. Accessed August 15, 2019.

⁵ O'Connor M, Asdornwised U, Dempsey ML, Hufferberger A, Jost S, Flynn D, Norris A. Using Telehealth to Reduce All-Cause 30-Day Hospital Readmissions among Heart Failure Patients Receiving Skilled Home Health Services. *Applied Clinical Informatics*. 2016; 7(2): 238-247. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4941836/>. Accessed August 15, 2019.

The Connected Care Pilot program would give health care providers some latitude to determine the specific health conditions and geographic areas on which the proposed projects will focus. America's Essential Hospitals strongly supports this approach. Essential hospitals provide services in a wide variety of communities, from broad rural regions to the nation's largest cities.

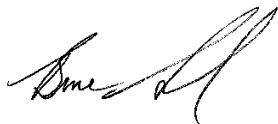
Telehealth programs have shown promise in a number of diverse geographic settings. For example, one essential hospital in West Virginia launched a telehealth program in 1993 and since has provided more than 20,000 telemedicine outpatient consultations to rural residents, including for pediatrics, telestroke, and nephrology. Another essential hospital, in New Mexico, implemented a groundbreaking telehealth initiative to respond to the state's growing rates of hepatitis C infection. The model uses telehealth to train primary care physicians to treat a variety of conditions typically outside their scope and has now been replicated at numerous sites across the country in both urban and rural settings.

As health information technology advances, essential hospitals will continue to innovate and find new ways to serve their communities. Telehealth already has been proved effective in multiple health care settings, including both rural and urban hospitals treating large numbers of complex patients. FCC should focus on choosing pilot participants that serve communities most in need, rather than those in specific geographic regions. **America's Essential Hospitals encourages the agency to ensure funds are available to providers in a variety of geographic areas.**

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America's Essential Hospitals appreciates the opportunity to submit these comments. If you have questions, please contact Senior Director of Policy Erin O'Malley at 202-585-0127 or eomalley@essentialhospitals.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce Siegel", with a stylized flourish at the end.

Bruce Siegel, MD, MPH
President and CEO