

September 5, 2018

Marlene H. Dortch
Secretary
Federal Communications Commission
Room TW-A325
445 12th St., SW,
Washington, DC 20554

Submitted electronically

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

Dear Secretary Dortch:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) is pleased to submit comments to the Federal Communications Commission (FCC) in response to its Notice of Inquiry, WC Docket No. 18-213, Promoting Telehealth for Low-Income Consumers. The mission of APTA is to build a community to advance the physical therapy profession to improve the health of society. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for otherwise avoidable health care services. Physical therapists' roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

Universal Service Fund Pilot Program

FCC notes the Notice of Inquiry is the first step in developing a Universal Service Fund (USF) pilot program to explore how to promote the use of broadband-enabled telehealth services and applications by low-income families and low-income veterans, with a focus on such services and applications delivered directly to patients outside of brick-and-mortar health care facilities. FCC seeks comment on instituting such a pilot program with the aim of providing affordable broadband for these connected care services to low-income patients and thereby improving health outcomes and reducing health care costs.

APTA appreciates that FCC is actively working to enhance the connection between patients and their health care providers, regardless of their respective geographic locations. By exploring how to promote the use of broadband-enabled telehealth, FCC is helping to ensure that patients have immediate and seamless access to person-centered health care.

Demographics and Geographies Most Likely to Benefit

FCC requests feedback as to which populations or demographic groups are more likely to benefit from increased access to and use of broadband-enabled telehealth services. APTA strongly encourages FCC to focus its telehealth efforts on rural communities. Rural populations, regardless of income level are positioned to benefit from telehealth by the very nature of being rural. Telehealth expands rural populations' access to providers they would otherwise have to travel long distances to see. FCC's objective of aiding low-income consumers would be met by focusing on rural geographies, as low-income and rural geographies are often one and the same.

Health Conditions and Areas of Medicine

APTA recommends FCC work to expand access to telehealth for those individuals who suffer from chronic and/or complex conditions. Chronic conditions, such as diabetes mellitus or congestive heart failure, are well suited to telehealth. Such conditions require frequent appointments, often just to assess a patient's status; as such, access to these services via a telehealth medium could greatly reduce the burden of managing these conditions, consequently resulting in better patient outcomes and improved quality of life. Additionally, individuals who are homebound or have disabilities which make travel difficult would benefit from being able to access their provider in their own homes; access to telehealth also would aid those patients who are noncompliant with any homecare instructions.

APTA also encourages FCC to focus on provider types which have been undeservedly left out of previous telehealth opportunities. FCC can help address this disparity by focusing the pilot on these providers, such as critical access hospitals (CAHs). These hospitals are, by definition, small rural hospitals isolated from other health care facilities; CAHs are located more than 35 miles from another hospital and provide 24/7 emergency care services. The implementation and expansion of telehealth availability would greatly reduce the cost and burden of seeking care in these facilities. Previously, attempts to introduce telehealth to CAHs have not been fully realized due to a lack of funding. However, FCC's pilot program could fill this gap to ensure these facilities, usually the sole provider of a community, can reach the greatest number of patients.

Further, we recommend FCC focus on physical therapists. Physical therapy often is overlooked in telehealth, when it is actually well-suited to the medium. Physical therapists play vital roles in optimizing movement through patient education and empowerment. They observe how a person moves, coach techniques, assess patient risks, and instruct patients to be safer and move better. Physical therapists also utilize telehealth to assess patients' environments and identify risks to their treatment and safety. Rather than simulating a patient's home, work, or school environment based on the patient's oral account, physical therapists are able to observe those environments in real time, and witness the way a patient navigates them. The vast majority of physical therapy treatments include a home exercise component. Using telehealth to observe patients in their own home, to ensure exercises are being properly performed, allows physical therapists to help patients avoid complications and further injury by identifying risks in the home setting as well as

the manner by which patients operate in such settings. This is particularly beneficial to persons with chronic conditions, a population which is at risk for falls and other injury. For this reason, we encourage FCC to include this patient population within its pilot.

Telehealth therapy services have the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions. Further, the very nature of physical therapy treatment, in that it generally requires multiple sessions per week, makes it well-suited to telehealth. For homebound patients or those who need to travel long distances, the ability to replace or supplement some of the in-clinic sessions with those furnished via telehealth greatly reduces the burden on the patient when accessing care. Telehealth also may incentivize clinicians to expand their availability outside of the typical 9:00-5:00 window, as they would not have the limitations of the facility in which they practice. This, in turn, would allow more patients to seek care without having to miss work or school.

Telehealth furnished by physical therapists has the potential to greatly enhance patient health and wellbeing. Proper application of telehealth rehabilitation therapy services potentially can have a dramatic impact on improving care, and reducing negative consequences and costs of care, by ensuring access to specialized care in geographic areas that face difficulties in maintaining and staffing full-service hospitals.¹ Incentivizing the delivery of telehealth by physical therapists will lead to reduced health care expenditures, increased patient access to care, and improved management of chronic disease and quality of life, particularly in rural and underserved areas. Patient geography no longer would be a barrier to receiving timely, appropriate medical care. While we do not believe rehabilitative services furnished via telehealth would replace traditional clinical care, it would give physical therapists and physical therapist assistants the flexibility to provide care in a greater capacity.

In an effort to improve licensure portability for physical therapists and physical therapist assistants, the Federation of State Boards for Physical Therapy, with support from APTA, recently developed an interstate licensure compact for physical therapy.² The purpose of the Physical Therapy Licensure Compact (PTLC) is to increase consumer access to physical therapy services by reducing regulatory barriers to interstate mobility and cross-state practice. Under the compact, physical therapists and physical therapist assistants will be able to select additional participating states in which they wish to practice and apply for privileges, while maintaining licensure in their home state. This compact, currently adopted in 21 states and implemented in 5, also will allow physical therapists located in states that have signed onto the PTLC to use telehealth to expand their practices and enhance patient access.

How USF Can Support This Goal

Unless providers are willing to participate, funding broadband in facilities and patients' homes will be of no use. Accordingly, FCC must ensure that providers are sufficiently incentivized to participate by ensuring they receive adequate reimbursement rates. Providers in rural settings often are operating with razor thin margins, thus hindering their ability to invest in the necessary

¹ Medicare Payment Advisory Commission June 2016 Report to Congress, Chapter 8.
<http://www.medpac.gov/docs/default-source/reports/chapter-8-telehealth-services-and-the-medicare-program-june-2016-report-.pdf?sfvrsn=0>. Accessed September 4, 2018.

² For more information, please visit: <http://www.fsbpt.org/FreeResources/PhysicalTherapyLicensurecompact.aspx>

technology and equipment to furnish telehealth services. Therefore, rural health care providers simply do not have the capital to invest in new methods of delivering care. If FCC truly wants to spark innovation for the betterment of the patients, it must also do something to alleviate the risk providers face in undertaking a new business model. Therefore, APTA recommends that FCC not limit the pilot solely to patients and providers participating in the Medicaid program. The reimbursement rates for Medicaid are simply too low for most providers to survive on. Accordingly, should this pilot program apply only to Medicaid, providers would be less incentivized to take part. While we recognize a Medicaid-specific pilot would target the intended patient population, the needs of providers must also be taken into account in order to ensure the success of the pilot.

Pilot programs are intended to take risks to determine if innovative methods are worth pursuing on a larger scale. For this reason, it would be unfortunate if the pilot merely supported forms of telehealth already being utilized on a large scale. APTA recommends FCC work with CMS and the states to collect data on the program, as the only way to incentivize private payers to cover and reimburse telehealth services to provide evidence of savings and improved patient outcomes. It is critical that FCC include in its pilot those providers who payers traditionally overlook as providers of telehealth, including physical therapists.

We also encourage FCC to work with their state and federal partners to ensure the existing nonmonetary barriers to telehealth are addressed, in addition to adequate funding. For example, providers may be willing to treat patients across state lines via telehealth, but may face uncertainties on licensure or insurance requirements. The federal government can encourage states to implement compacts, like the PTLC, to ensure the maximum number of providers are available to their residents. Similarly, FCC should support direct access initiatives, which allow patients to see certain providers without a referral. This would allow more patients to access telehealth in a timelier manner, without the risk of confusion on the part of a primary care provider, without the need for more paperwork, or the additional cost of seeing another provider to receive care.

Conclusion

We thank FCC for the opportunity to comment on the Notice of Inquiry, Promoting Telehealth for Low-Income Consumers. APTA is eager to engage in meaningful dialogue and work with FCC to advance and support the movement in telehealth towards connected care and improve access to the life-saving broadband-enabled telehealth services. If you have any questions regarding our comments, please contact Kara Gainer, Director of Regulatory Affairs, at karagainer@apta.org or 703/706-8547. Thank you for your consideration.

Sincerely,



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Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
President