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Re: 18-213 Promoting Telehealth for Low-Income Consumers

Dear FCC Officials,

I was very pleased to see the announcement of the Notice of Inquiry for the FCC Connected Care Pilot program through 18-213 Promoting Telehealth for Low-Income Consumers. As a health services researcher who has studied health care informatics for many years, I have long felt that access to broadband internet affects health outcomes. This announcement will be critical for making a difference in the lives of low-income individuals.

Through my own research, I have witnessed how lack of device ownership or broadband access limits our patients at the Zuckerberg San Francisco General Hospital from accessing new tools like the patient portal or connected health apps/devices, even though 70% of them are interested in electronic communication related to their healthcare. The lack of portal accessibility in multiple languages, as well as the need for a higher level of existing digital literacy skills to sign up, represent substantial barriers to use among diverse and vulnerable populations, particularly among older adults.

For the Connected Care Pilot, I have the following comment recommendations in direct response to the posted notice:

- Applicants should be encouraged to form multidisciplinary teams
- Applicants should be encouraged or required to partner with local, community-based digital inclusion and training institutions
- Multi-site investigations with strong scientific methods should be encouraged or required
- For multi-site investigations, the budget cap should exceed \$5 million per project to accommodate the complexity of studies
- Work that focuses on urban areas, not just rural areas, is critical for reducing the digital divide nationwide
- Partnership with broadband internet service providers should be strictly optional, as this would limit the ability to compare interventions between sites
- Projects that examine health outcomes, health service use outcomes, or health care engagement outcomes should be encouraged, to augment self-reported data and/or process metrics. In particular, clinical and behavioral outcome data have the most existing literature to build upon.

- The term of projects should be long enough to accommodate the complexities needed for a scientifically rigorous, multi-site project that is able to demonstrate an effect of the project on outcomes (up to 4 years)
- Projects with generalizability beyond a single app or telehealth tool should be encouraged, rather than proof of concept for a single tool. There are tens of thousands of existing apps in the marketplace, and we need knowledge about broader implementation and consumer engagement.

I remain very enthusiastic about this pilot program and look forward to seeing the tremendous positive impact that such a program could have on our nation. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,



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