

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

RE: WC Docket. No. 18-213

Dear Secretary Dortch:

Nemours Children's Health System and The Children's Partnership (TCP) commend the Commission for its dedication to ensuring all Americans have access to broadband-enabled telehealth services. We believe the Commission's newly announced Connected Care Pilot Program is a significant opportunity to extend telehealth services to unserved and underserved families. **Nemours and TCP, as organizations caring for and representing children, are supportive of this new pilot program and** believe more emphasis should be placed on providing care to children, especially those enrolled in Medicaid. Additionally, in order to provide care to children when and where they most need it, we recommend that FCC consider including schools and child care centers in this pilot program.

Nemours is an internationally recognized children's health system that owns and operates the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Delaware, and Nemours Children's Hospital in Orlando, Florida, along with outpatient facilities in six states, delivering pediatric primary, specialty, and urgent care. Nemours also powers the world's most-visited website for information on the health of children and teens, KidsHealth.org and offers on-demand, online video patient visits through Nemours CareConnect. Established as The Nemours Foundation through the legacy and philanthropy of Alfred I. duPont, Nemours provides pediatric clinical care, research, education, advocacy, and prevention programs to families in the communities it serves.

The Children's Partnership is a non-profit, advocacy organization that works to improve the lives of children where they live, learn, and play. Since 1993, TCP has worked to advance the health and wellbeing of underserved children in California and in the country, through meaningful community partnerships, forward-thinking research, and community-informed policy.

Background and Rationale for a Pediatric Focus

According to the Centers for Medicare and Medicaid Services' (CMS) Medicaid and Children's Health Insurance Program (CHIP) enrollment data, children represent 50 percent of Medicaid and CHIP enrollees.ⁱ Moreover, according to CMS data on maternal and infant health, 50 percent of all births are covered by Medicaid, and about 66 percent of Medicaid-enrolled women are in their child-bearing years.ⁱⁱ Children are also an underserved population, as outlined in a 2016 report by the Children's Health Fund, which estimated that 20.3 million children across the United States lack sufficient access to primary care.ⁱⁱⁱ

Studies have shown that children benefit from telehealth across several specialties including oral health, behavioral health, chronic disease management, hearing and speech, and sports medicine, as well as others.^{iv,v, vi, vii,viii} An emerging area in telehealth is direct-to-consumer (DTC) telehealth services, which provide care for non-acute medical conditions. Recent studies have highlighted the potential cost savings associated with using DTC pediatric telehealth. Nemours recently conducted a retrospective study with data from Nemours' DTC pediatric telehealth platform, Nemours ConnectCare (NCC). The study showed that without access to NCC, 64.5 percent of parents surveyed said that they would have gone to either an urgent care center or an emergency room (ER).^{ix} The cost for one NCC visit ranges from \$0 - \$59 dollars before insurance, compared to \$153 for urgent care, \$1,735 for the ER, and \$162 for primary care.^x Another study that observed telemedicine utilization in a pediatric orthopedic clinic not only highlighted the potential cost savings for the families but also for the health system.^{xi} Researchers discovered that families saved on average \$50 in travel costs and that the clinic saved approximately \$24 per patient in direct labor cost.^{xii}

Telehealth in Schools and Child Care

Since children spend significant amounts of time in school, school-based telehealth is an important tool to help improve access to primary, acute, and specialty care for children; improve the ability of families and youth to manage chronic conditions; facilitate health education for children, families, and school personnel; and increase the capacity of local health care providers to better meet the health care needs of children and youth. Extensive studies of these programs have shown that they are providing care to children who had previously not been utilizing health services or had been underutilizing care.^{xiii}

Young children not yet attending school spend a significant amount of time in child care, whether in Head Start, child care centers, or in family child care homes. Introducing access to telehealth services in child care settings provides an opportunity to expand access to primary and specialty care for very young children and to diagnose and treat or triage health care issues, without requiring parents to take time off from work. Expanded access to primary and specialty health care via telehealth may also improve identification of new or recurring developmental, medical, oral, or mental health concerns among this group of children.

Examples of child care-based telehealth are few, but one exemplary program—the Health-E-Access program in Rochester, New York—has demonstrated the value and efficacy of delivering telehealth to children in child care, 73 percent of whom were covered by Medicaid.^{xiv} In summary, the impacts of this program include:^{xv}

- 63 percent reduction in absences from child care due to illness^{xvi}
- Providers able to diagnose health problems as accurately via telehealth visits as in person
- 97 percent of visits completed via telehealth; only 3 percent referred to higher level of care
- 94 percent of the children would otherwise have gone to an ED, an urgent care facility, or a pediatric office
- 93 percent of the time, the telehealth visit allowed the parent to stay at work or school with an estimated time savings of 4.5 hours per visit

Nemours and TCP believe there is opportunity to positively impact the health and wellbeing of children, including those enrolled in Medicaid, by providing access to care via telehealth in schools and child care.

Resources to Assist in Inclusion of Children

Nemours and TCP partnered with the Winter Park Health Foundation in Orlando, Florida and NORC at the University of Chicago to produce a how-to guide for establishing a telehealth program in schools and child care centers entitled, “[Roadmap for Action: Advancing the Adoption of Telehealth in Child Care Centers and Schools to Promote Children’s Health and Well-Being](#).” The Roadmap was developed after convening experts in the field from across the country, and it presents several studies and successful examples of school and child care-based telehealth programs. The purpose of the Roadmap is to assist health care providers, schools and child care centers in developing a sustainable a telehealth program, particularly when faced with a number of barriers.

For the purposes of the Connected Care Pilot Program, we believe our Roadmap may help to highlight the opportunities to advance healthcare and health for children via telehealth, as well as to highlight some of the barriers that the Pilot Program could help to address.

Barriers this Program Could Help to Address

One of the major barriers to ubiquitous access to telehealth care generally, and for schools and child care centers specifically, is lack of reliable and secure broadband. Another barrier is the cost of equipment, particularly as federal law restricts the ability of providers to donate equipment. Furthermore, even home-based telehealth services are challenging because most payers do not cover the costs of remote patient monitoring devices or home diagnosis/evaluation equipment. The Connected Care Pilot could help reduce or overcome these barriers for families, schools and child care centers.

Recommendations

To address the needs of children, especially those enrolled in Medicaid, and to overcome some of the barriers associated with telehealth access in schools and child care centers, Nemours and TCP recommend the following:

1. Given the high percentage of Medicaid enrollees who are children, and the Commission’s focus on Medicaid enrollees, **we strongly recommend that children be considered a key demographic to target in the Connected Care Pilot.**
2. Moreover, given that schools and child care centers already house children for several hours during the day and often already provide some health services, **we strongly recommend that schools and child care centers be considered as eligible recipients of funding for both broadband and telehealth equipment, including but not limited to remote patient monitoring devices and diagnostic/evaluation equipment.**

Thank you for your consideration. If you have any questions, please feel free to reach out to Katie Boyer, Manager of Policy & Advocacy, at katie.boyer@nemours.org. Nemours and TCP stand ready to assist the FCC, schools and child care centers in expanding telehealth access for children in need.

Sincerely,

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Mayra Alvarez

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President
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ⁱ CMS. Medicaid & CHIP Enrollment Data Highlights website. <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

ⁱⁱ CMS. Maternal & Infant Health Care Quality website. <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-and-infant-health/index.html>.

ⁱⁱⁱ Children's Health Fund. (2016, November). *UNFINISHED BUSINESS: More than 20 Million Children in U.S. Still Lack Sufficient Access to Essential Health Care* [White paper]. Retrieved from https://www.childrenshealthfund.org/wp-content/uploads/2016/11/Unfinished-Business-Final_.pdf

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^v Lancaster, P., Krumm, M., Ribera, J., & Klich, R. (2008). Remote Hearing Screenings via Telehealth in a Rural Elementary School. *American Journal of Audiology*, 17(2), 114. doi:10.1044/1059-0889(2008/07-0008)

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^{ix} Vyas, S., Murren-Boezem, J., & Solo-Josephson, P. (2018). Analysis of a Pediatric Telemedicine Program. *Telemedicine and e-Health*.

^x Gordon AS, Adamson WC, DeVries AR. Virtual Visits for Acute, Nonurgent Care: A Claims Analysis of Episode-Level Utilization. *J Med Internet Res* 2017;19(2):e35

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^{xii} Ibid.

^{xiii} Children's Health Fund. (2016, April 21). 15 Million Kids in Health Care Deserts: Can Telehealth Make a Difference? Retrieved from https://www.childrenshealthfund.org/wp-content/uploads/2016/12/CHF_Health-Care-Deserts.pdf

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^{xv} Ibid.

^{xvi} Kenneth M. McConnochie, Nancy E. Wood, Harriet J. Kitzman, Neil E. Herendeen, Jason Roy, Klaus J. Roghmann. (2005) Telemedicine Reduces Absence Resulting From Illness in Urban Child Care: Evaluation of an Innovation. *Pediatrics May 2005, 115 (5) 1273-1282; DOI: 10.1542/peds.2004-0335*