

UNITEDHEALTH GROUP

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September 10, 2018

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: In the Matter of Promoting Telehealth for Low-Income Consumers
(WC Docket No. 18-213) (August 2, 2018)

Submitted Electronically: FCC Electronic Comment Filing System

Dear Ms. Dortch:

UnitedHealth Group (“UHG”) is pleased to respond to the Federal Communications Commission’s (“FCC”) Notice of Inquiry (“Notice”) regarding efforts to promote use of telehealth services for certain low-income populations. The Notice seeks comments on ways the FCC can create a Connected Care Pilot Program to expand the delivery of health care services beyond traditional “brick and mortar” health care facilities.

UHG is dedicated to helping people live healthier lives and making the health care system work better for everyone through two distinct business platforms—UnitedHealthcare, our health benefits business, and Optum, our health services business. Our workforce of 285,000 people serves the health care needs of nearly 140 million people worldwide, funding and arranging health care on behalf of individuals, employers, and the government. As America’s most diversified health and well-being company, we not only serve many of the country’s most respected employers, we are also the nation’s largest Medicare health plan—serving nearly one in five seniors nationwide—and one of the largest Medicaid health plans, supporting underserved communities in 28 States and the District of Columbia.

We support efforts by the FCC to promote the use of telehealth services.¹ The capacity of the U.S. health care system has fallen behind, particularly in primary care where many parts of the country face a shortage of primary care providers. As we move toward a more connected and consumer-focused health care system, telemedicine is a promising yet underutilized tool that could be rapidly scaled nationally to meet access to care demands locally. Telehealth policies must reflect the growing consumer demand for

¹ See: Comments by UnitedHealth Group in response to the Federal Communications Commission *Request for Information on Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Health Care Solutions and Advanced Technologies*, GN Docket No. 16-46, May 24, 2017.

convenient access to affordable, high-quality services currently offered through telemedicine. The FCC's contemplated pilot project can help fill the gaps in the U.S. healthcare delivery system.

UnitedHealth Group supports telehealth as an enabling technology and care delivery innovation among customers, patients and care providers to achieve the Triple Aim of better health, better care and better cost controls. Telehealth can help accomplish these goals by:

- Better Health - Improving outcomes via enhanced care delivery options and high-value care delivery.
- Better Care - Enhancing the patient experience and access to care while maintaining care continuity with primary care and other health care providers.
- Better Cost Control - Reducing per capita costs by engaging consumers at lower-level points of access and/or lower intensity services.

Telemedicine can help improving through patient monitoring. For example, in a study of heart failure patients with implantable cardioverter-defibrillators (ICD), the group participating in remote monitoring instead of scheduled in-person visits had a 35% reduction in emergency visits and 21% reduction in total healthcare visits for heart failure, arrhythmias or ICD-related events.² Telemedicine can also help connect rural patients with care facilities. In a UC Davis Health System study, telemedicine visits resulted in a round trip distance savings of 278 miles and average patient travel cost savings of \$156 compared to driving to the main health care facility.³

Scope of the Pilot Project

The FCC has responsibility to clearly delineate the scope of the pilot project starting with a definition of the types of telehealth services that will be included. The definition of telehealth varies by state and a uniform program determination of the types of services that qualify would ensure participants are operating from a common framework. The Health Resources and Services Administration (HRSA) defines telehealth "as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration."⁴ We recommend adopting this definition as part of the pilot program specifications.

Telehealth services generally fall into four broad categories:

- Real-time phone consultations and audio and visual communications between a patient and/or family member and providers.

² Landolina M, Perego GB, Lunati M, Curnis A, Guenzati G, Vicentini A, Parati G, Borghi G, Zanaboni P, Valsecchi S, Marzegalli M, *Remote monitoring reduces healthcare use and improves quality of care in heart failure patients with implantable defibrillators: the evolution of management strategies of heart failure patients with implantable defibrillators (EVOLVO) study*, Circulation. 2012 Jun 19; 125(24):2985-92, at: <https://www.ncbi.nlm.nih.gov/pubmed/22626743/>.

³ Dullet, Navjit W. et al., *Impact of a University-Based Outpatient Telemedicine Program on Time Savings, Travel Costs, and Environmental Pollutants*, Value in Health, April 2017, Volume 20, Issue 4, 542 – 546, at: [https://www.valueinhealthjournal.com/article/S1098-3015\(17\)30083-9/fulltext](https://www.valueinhealthjournal.com/article/S1098-3015(17)30083-9/fulltext).

⁴ Department of Health and Human Services, Health Resources and Services Administration, Telehealth Programs at: <https://www.hrsa.gov/rural-health/telehealth/index.html>

- Store-and-forward transmission of data from one care site to another (e.g. images are sent to a specialist for evaluation).
- Remote patient monitoring where data is collected at home or another location and transferred to a provider (e.g. glucose monitoring).
- Mobile health education, information, or medication reminders provided by an application or wearable device.

We suggest that the pilot project give participants the flexibility to use one or more of these services given the variety of telehealth approaches used to promote healthcare and wellbeing. In addition, the pilot project funding opportunities should not limit the types of equipment, devices (e.g., smartphones) or network services and platforms that qualify as long as the overall goals of the program to encourage access to telehealth are met and appropriate protections are in place to guard against potential fraud and misuse of program assets.

Finally, we support program funding for expanded broadband access where necessary to promote use of telehealth for targeted patient populations. As documented by the FCC, rural areas generally do not have sufficient access to broadband services.⁵ Broadband is an important tool to improving patient access to health information and assists in determining whether a symptom warrants a medical intervention. The availability of broadband also promotes access to information and services such as nutrition counseling, physical activity, and support groups.

Eligible Patient Populations

According to the Notice, the FCC contemplates the pilot programs will be designed to accommodate low-income Americans with a focus on patients residing in rural areas.⁶ In addition, we ask that the FCC consider directing a portion of the pilot project funding to efforts to connect seniors with telehealth services. Older Americans are more likely to have the types of long-term and intensive health conditions requiring medical services that can be provided through telehealth such as remote monitoring, chronic care management interventions, and on-line therapy and remote counseling.

In addition, we suggest FCC not arbitrarily limit the types of medical conditions addressed by the pilot projects. While certain types of illnesses may warrant higher patient participation in telehealth services (e.g., strokes, heart attacks), the goals of the pilot project can be met through targeted approaches that address specific needs for low-income, rural, and senior populations. The use of telehealth is expanding to include a broad range of medical services and health conditions and the project grantees should be encouraged to develop programs to best meet the needs of the patients they serve.

⁵ Federal Communications Commission, *Inquiry Concerning the Deployment of Advanced Telecommunications Capability to All Americans in a Reasonable and Timely Fashion, and Possible Steps to Accelerate Such Deployment Pursuant to Section 706 of the Telecommunications Act of 1996, as Amended by the Broadband Data Improvement Act*, GC Docket 15-191, January 29, 2016 at: <https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2016-broadband-progress-report>

⁶ Federal Communications Commission, *In the Matter of Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, August 2, 2018 (the “Notice”) at ¶2.

Coordination with Other Telehealth Initiatives

As discussed in the Notice, a number of different federal agencies, including the Centers for Medicare & Medicaid Services and the Department of Veterans Affairs, are promoting the use of telehealth strategies.⁷ We recommend that FCC consult with its counterparts within the federal government – in particular the Office of the National Coordinator for Health Information Technology and HRSA – to ensure that the pilot projects compliment and do not duplicate ongoing efforts to fund the development of telehealth services to the identified patient populations. While we understand that alternative funding sources (i.e., grants from other state or federal telehealth programs) can provide a source of matching capital, grantees under the FCC pilot project should be encouraged to develop programs to serve patients not already eligible for or covered by other federal government telehealth resources.

Protecting Health Information Privacy and Data Security

The Notice seeks comments on appropriate safeguards for patient information and approaches the FCC may use to obtain data on health outcomes while protecting patient privacy.⁸ As discussed in the Notice, the Health Insurance Portability and Accountability Act (HIPAA) rules provide comprehensive protections for health information privacy and data security. The privacy rules govern the collection, use, and disclosure of personally identified health information by health care providers and their business associates.⁹ The data security rules protect information from unauthorized access including data transmitted between providers and other users (e.g., regional health information exchanges).¹⁰ We believe these federal requirements provide sufficient protection for patient data and the FCC should not impose additional privacy standards, such as requiring patient authorization for information use, on pilot project grantees. Additionally, any access by the FCC to patient information to enforce compliance with pilot project requirements can be accomplished through the use of de-identified data which protects the privacy interests of patients.

Funding Considerations

One important factor in the success of telehealth initiatives is to provide support over a sufficient time period to generate results in terms of effective and efficient care delivery. For example, it may take a minimum of two years to measure outcomes for telehealth services provided in connection with chronic conditions. Funding should be directed to projects that appropriately match the best use of telehealth resources with the needs of the patients served – for example, remote monitoring as a follow-up to hospitalization will have a different time frame from online counseling to address a behavioral health condition.

The pilot projects should also address how patients will transition to continued care when a program ends. Assisting a patient's medical needs through telehealth may require long-term services that extend beyond the life of a particular project. Pilot project grantees should demonstrate plans to continue care for patients at the end of the funding cycle, if necessary to address health needs.

⁷ For a list of federal agency telehealth initiative see: Office of the National Coordinator for Health Information Technology and Health Resources and Services Administration, *Federal Telehealth Compendium*, November 2016 at: https://www.healthit.gov/sites/default/files/federal_telehealth_compendium_final_122316.pdf

⁸ Notice at: ¶55.

⁹ 45 CFR §164.500 *et seq.*

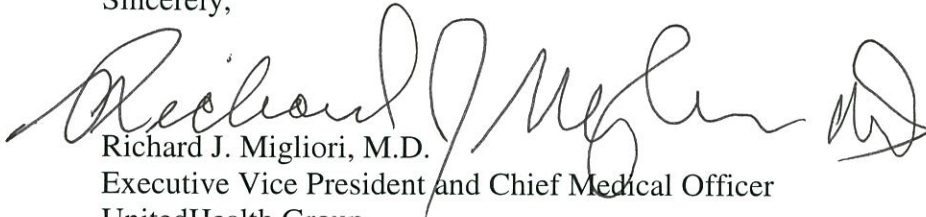
¹⁰ 45 CFR §164.302 *et seq.*

Program Metrics

As noted, telehealth services have a demonstrated potential to improve healthcare and reduce costs. The FCC should establish guidelines for how programs will measure the impact of telehealth such as enhanced care delivery for chronic conditions (e.g., reduction in follow-up hospitalizations), increased participation by patients in healthcare programs, reduction in emergency room visits, and improvements in health outcomes. These results should be measured against a standard population, such as Medicaid enrollees with similar health conditions, who do not utilize telehealth services. The specific standards for each program will be dependent on the type of patient population served.

We welcome the opportunity to provide input on this important effort by the FCC and appreciate careful consideration of our recommendations. UHG is committed to constructive dialogue and collaboration and we are ready to engage in additional discussions regarding the development of telehealth.

Sincerely,



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