



September 10, 2018

*Electronic submission*

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
Room TW-A235  
445 12th Street, SW  
Washington, D.C. 20554

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

Dear Secretary Dortch:

Ochsner Health System (“Ochsner” or “OHS”), headquartered in New Orleans, Louisiana, is a national leader in pioneering digital health applications. From its beginnings in New Orleans in 1942, Ochsner has evolved into the largest private, not for profit healthcare system in the region, encompassing thirty owned, managed and affiliated hospitals and over sixty neighborhood health centers in both urban and rural areas. Ochsner appreciates the opportunity to comment on the FCC’s Notice of Inquiry that seeks input on a pilot program designed to increase the range of telehealth solutions in the hands of low-income consumers.<sup>1</sup>

Ochsner provides a comprehensive range of services through its network hospitals and clinics located throughout the Greater New Orleans, Baton Rouge and Bayou regions of Louisiana; with approximately 3,600 affiliated physicians, including 1,200 Ochsner-employed physicians practicing in more than 90 medical specialties and subspecialties; and approximately 19,000 employees. Ochsner also is a major referral center, serving patients throughout the Gulf Coast and across the country with a wide array of nationally ranked and specialized clinical services that treat some of the most challenging and complex medical conditions including: organ transplantation; oncology; neurosciences; cardiovascular care; high risk obstetrics/in utero surgery; pediatric specialty care; and, programs focused on chronic diseases.<sup>2</sup> Thus, Ochsner

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<sup>1</sup> Ochsner was happy to host FCC Commissioner Carr and his staff recently on a visit of our facilities in New Orleans to see some of Ochsner’s innovative telehealth programs firsthand and would be pleased to be a resource for the FCC in its continuing efforts to foster more robust telehealth adoption in lower income and other at risk populations.

<sup>2</sup> Further, Ochsner houses an academic medical center with over 300 full-time residents and fellows participating in 25 ACGME accredited graduate medical education programs and four additional specialty programs; a global medical school in partnership with The University of Queensland School of Medicine in Brisbane, Australia; and, programs of biomedical research.

Ochsner Health System, a part of Ochsner Clinic Foundation

has developed the type of integrated delivery system that many healthcare policymakers envision, one that features a comprehensive range of clinical services, coordinated systems of patient care, sophisticated electronic health records, and the geographic reach, scale, and clinical capability necessary to manage and improve the health of a large patient population. OHS has embraced the movement from volume to value in health care and as a national leader in innovation, is redefining health care for patients and for the entire Gulf South region.

**Ochsner's Telehealth Programs Suggest that Telehealth Programs are Effective.** As part of this commitment to innovation that meets the needs of patients, families, and communities – particularly those affected by chronic disease – OHS has developed a number of programs that are transforming the patient experience, enhancing health, and well-being, while reducing costs. In addition to its highly successful hypertension management program highlighted by the FCC in its Notice of Inquiry, Ochsner provides over 100 telemedicine services to more than 80 hospital and clinic partners, treating more than 135,000 patients per year using telehealth platforms and devices. Further, OHS continues to innovate in the direct-to-consumer market, with offerings such as Ochsner Anywhere Care for primary and urgent care needs, and the Connected Maternity Online Monitoring (Connected MOM) program for expectant mothers.

Connected MOM allows those expectant mothers digitally to send weights, blood pressure readings, and urine protein test results to their medical team from the comfort of home without needing to schedule an appointment. This deployment of technology reduces the number of in-person appointments, which patients appreciate, and allows for the most at-risk patients to have access to care in a timely manner. Each participant in the program is provided with a wireless scale, wireless blood pressure cuff, and dipsticks and cups for urine protein tests. These smart devices allow the expectant mother to send weights, blood pressure readings, and urinalysis results, on her own schedule, directly to her medical record at Ochsner, where the information is monitored by a team of dedicated health coaches and the patient's care team.

**A Pilot Program Should be Flexible and Encourage Broad Participation to Provide the FCC With Useful Data.** Louisiana is a largely rural state, with a relatively low-income population, one that is struggling with a provider shortage in many specialty areas. By utilizing telehealth capabilities, Ochsner is able to extend its resources into underserved communities in efforts to improve patient access, outcomes and overall healthcare experiences. Ochsner supports the FCC's interest in using a pilot program to gain information about how telehealth programs of all types can positively affect the health of low income patients and Ochsner believes the work it has already done and can do in connection with a pilot program could be both significant and be a model for others.

As the FCC further develops its criteria for the proposed grant program, Ochsner would urge the agency to not preclude or discourage the participation of hospital-based entities with a history of successful telehealth implementations. Entities such as Ochsner that have established successful telehealth programs offer the FCC with an important near term opportunity to collect and analyze care models and outcome data that can better inform the shape of a future, broader program. Another benefit from encouraging participation by those entities that currently offer a range of telehealth programs will be that the Commission will get better information about the measurable effects of telehealth on a range of chronic health conditions, thus allowing the healthcare

community to focus on and develop programs that are both cost effective and useful when dealing with populations suffering from multiple comorbidities.

The Notice of Inquiry also seeks comment on how to develop a pilot program that effectively targets support to low-income and veteran populations. Ochsner would encourage the Commission to not create inflexible criteria to screen pilot program applicants based on which populations are to be targeted with grant funding, nor should the pilot be solely focused on rural low income telehealth programs at the expense of urban low income programs or programs targeted towards pregnant women or military veterans. If Medicaid coverage for grant eligibility is ultimately part of this equation, OHS would encourage the Commission to take steps to ensure the criteria be broad enough to capture the applicant's overall service to Medicaid patients, which in fact may not be illustrated simply by looking at percentage of patients or other unique patient numbers.

The experience that Ochsner has had with its telehealth initiatives provides a strong foundation to support the Commission's stated expectation that its proposal to fund a number of pilot programs will provide valuable information and data that can guide future policy and programming to advance valuable telehealth applications nationwide that address the needs of low income and other at risk populations. The FCC, through funding a range of pilot programs, can play an important role in advancing telehealth more broadly by encouraging a range of connected care service delivery models to patients that are not within the walls of traditional hospital and clinical settings.

Ochsner appreciates the opportunity to offer comments on the Notice of Inquiry. The attached document provides additional information on a range of Ochsner advanced health programs. Ochsner anticipates that many of these programs could demonstrate what is feasible in ongoing telehealth programs, showing the way to more health care providers as they begin to use technology to deliver patient centered care outside of traditional settings.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "David J. Houghton", with a stylized flourish at the end.

David J. Houghton, M.D., M.P.H.  
Medical Director of Telemedicine  
Ochsner Health System

Enclosure