



CENTER FOR
HEALTH CARE
RESEARCH AND POLICY

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September 10, 2018

Re: FCC Connected Care Pilot Program

Dear FCC Officials,

I was pleased to see the announcement of the Notice of Inquiry for the FCC Connected Care Pilot program. As a sociologist and researcher studying health care informatics for many years, I have long felt that broadband internet is a social determinant of health. In a 2017 research publication in the Journal of the American Medical Informatics Association (Perzynski et al, 2017) my co-authors and I produced the first clear scientific evidence for this claim, using FCC data combined with electronic health record data. Our finding was that the lack of broadband access in urban communities constrains the ability of health care systems to deliver high quality care via even relatively simple technologies like a patient portal or personal health record.

In ongoing work since that publication we have further found in small community health worker pilot at a single health system in Cleveland that connected patients to care can have dramatic positive results. In clinics where patients met with a digital health literacy community health worker and had the option of attending a brief course on how to use the internet for health, combined with resources on low cost internet access and devices, we observed a increase in the proportion of patients who (i) scheduled visits using the internet (ii) viewed lab tests via the patient portal (iii) had electronic correspondence with their doctor and (iii) refilled a prescription. Of importance is that our work similarly found that even those individuals with the lowest levels of current resources were very enthusiastic about the possibility of being able to manage their health and medical conditions using digital, broadband enabled technologies.

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 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

- The number of individuals effected by the lack of affordable broadband in urban areas, and my own research, provide a strong warrant for pilot work that includes urban areas, not just rural areas
- Partnership with broadband internet service providers should be strictly optional
- Projects that examine health outcomes, health service use outcomes or health care engagement outcomes should be encouraged
- 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 (24 to 48 months)
- Projects that simply seek to develop or demonstrate the effectiveness of a particular app or telehealth tool without attention to a novel use in a low-income population should be discouraged or disallowed. There are ample other funding mechanisms for such projects and there are tens of thousands of such apps in the marketplace.
- Applicants should be encouraged to use “real world” clinical data in their research evaluations

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.

Very truly yours,



Adam T. Perzynski, Ph.D