UNIVERSITY of VIRGINIA HEALTH SYSTEM

OFFICE of TELEMEDICINE

September 8, 2010

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

RE: WC Docket No. 02-60
DA 10-1516

Submitted electronically

Dear Secretary Dortch:

The Office of Telemedicine of the University of Virginia Health System respectfully submits the following comments to the above captioned proceeding. We are grateful to the Commission for its continuing efforts to expand the Rural Health Care Support Mechanism.

Sincerely,

Karen S. Rheuban MD
Professor of Pediatrics
Senior Associate Dean for
Continuing Medical Education and External Affairs
Medical Director, Office of Telemedicine
University of Virginia Health System

Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of	)	
	)	
Rural Health Care Support Mechanism	)	WC Docket No. 02-60
	)	
	)	

COMMENTS OF THE UNIVERSITY OF VIRGINIA
OFFICE OF TELEMEDICINE

Karen S. Rheuban, M.D., Medical Director,
Eugene Sullivan, Program Manager,

Office of Telemedicine
PO Box 800707
University of Virginia Health System
Charlottesville, VA 22908

September 8, 2010

Before the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of	)	
	)	
Rural Health Care Support Mechanism	)	WC Docket No. 02-60
	)	
	)	

COMMENTS OF THE UNIVERSITY OF VIRGINIA OFFICE OF TELEMEDICINE

The University of Virginia ("UVA") respectfully submits the following comments in response to the Commission's Notice of Proposed Rulemaking ("NPRM") in the above-captioned proceeding.[1]

UVA is grateful to the Commission for its continued commitment to enhancing access to broadband communications services for health providers in rural, underserved communities throughout the nation. The Office of Telemedicine of the University of Virginia Health System ("UVA") has been a longstanding participant in the rural healthcare program and in particular, have previously submitted comments in this proceeding. We are deeply committed to working with the FCC to achieve the goals set forth in the Telecommunications Act of 1996. Reform of the rural health care support ("RHCS") mechanism is critical to the integration of broadband and other advanced services into the delivery of health care in rural areas.

UVA is an anchor institution and a member of the Virginia Telehealth Network (VTN). We have actively participated in developing the comments that VTN is separately filing in this proceeding and fully support VTN's recommendations and comments with respect to the NPRM as well as the Commission's concurrent inquiry regarding the grandfathering of previously eligible sites.

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[1] ***Rural Health Care Support Mechanism*, Notice of Proposed Rulemaking, WC Docket No. 02-60, FCC 10-125 (rel. July 15, 2010) ("NPRM").**

BACKGROUND OF THE COMMENTER

The Office of Telemedicine of the University of Virginia serves as the hub of a 62 site telemedicine network serving citizens of the Commonwealth of Virginia. Established in 1995, the UVA Office of Telemedicine is an anchor telemedicine institution in the Commonwealth of Virginia with extensive experience in deploying and managing a large regional telehealth program. Through our network, UVA provides clinical consultative services in more than 35 specialties of medicine, health professional education and patient education with the goal of enhancing access to quality care not locally available in many communities. To date, we have facilitated nearly 20,000 clinical encounters between remotely located patients (many of whom reside in medically underserved Appalachian communities) and our specialist physicians. We also facilitate more than 23,000 teleradiology services per year and have broadcast thousands of hours of educational programs. The Medical Director of the UVA Office of Telemedicine, Dr. Karen Rheuban serves as immediate past president of the American Telemedicine Association, as Board Chair of the Virginia Telehealth Network and as a board member of the Center for Telehealth and e-Health Law. Program Manager, Eugene Sullivan has served on the Commission's past Healthcare Advisory Committee in addition to the Commonwealth's Broadband Council.

The UVA Office of Telemedicine has extensive experience with the RHCS mechanism and with the Pilot Program. As the Rural Healthcare Pilot Program awardee for the Commonwealth of Virginia to establish the Virginia Acute Stroke Telehealth ("VAST") Network, we urge the Commission to focus on increasing utilization of funding available under the RHCS mechanism rather than devoting funds to additional infrastructure deployment through the proposed Health Infrastructure Program. We agree with the assertion of VTN that infrastructure deployment initiatives

convert rural health care providers into telecommunications start-ups—a role which we, as a Pilot Program awardee have struggled. We agree that greater utilization of the RHCS program will occur with administrative simplification, expansion of eligible entities and greater levels of funding of expensive recurring costs. These barriers are greater than a lack of infrastructure in the rural communities we serve and will be all the more pressing as we strive to implement the recommendations of the National Broadband Plan.

DISCUSSION

We support the following important recommendations that VTN will describe in greater detail in its separately filed comments in this proceeding.

The Commission should offer more substantial discounts to program applicants. We believe a flat rate discount of up to 85 percent is both justifiable and sustainable (as opposed to the 50 percent discount proposed in the NPRM) both for the Telecommunications program, and for the Internet Access Program.

The Commission should expand funding eligibility to other entities that are key to the provision of health care in rural communities. These include those entities articulated in the NPRM, in addition to emergency medical services providers, health information exchanges, home health agencies, and for-profit rural hospitals.

The Commission should consider revising its definition of "rural" in a way that improves access to funding to providers who care for rural patients and for those who qualify as rural under other federal programs. Both UVA and VTN have submitted comments to the Commission's concurrent inquiry and urge permanent grandfathering of previously eligible sites.

We urge the Commission to take steps to reduce the significant administrative burdens which we and other RHCS applicants have had to contend and to streamline the application process for ongoing support.

We urge the Commission to defer adoption of "meaningful use" criteria and related reporting requirements. These requirements will impose additional administrative burdens on health care providers and serve as a disincentive for participation by many rural healthcare entities who require basic broadband infrastructure to even begin to implement "e-care" initiatives, let alone report meaningful use.

We respectfully suggest that the Commission defer the proposed new Broadband Infrastructure Program until the impact of the aforementioned RHCS reform efforts AND the Recovery Act investments in broadband infrastructure and broadband mapping are further developed and evaluated.

CONCLUSION

UVA is grateful to the Commission for its efforts to advance the integration of broadband and health care. By adopting the reforms as articulated above and in the comments submitted in this proceeding by the Virginia Telehealth Network, the Commission can significantly advance the goals of the Telecommunications Act of 1996 and those envisioned in the National Broadband Plan.

Respectfully submitted,

Karen S. Rheuban MD, Medical Director

Eugene Sullivan MA, Program Manager