



February 2, 2018

Ajit Pai
Chairman
Federal Communications Commission
445 12th St SW
Washington, D.C. 20554

Dear Chairman Pai:

The College of Healthcare Information Management Executives (CHIME) is pleased to have the opportunity to submit comments on the Federal Communications Commission (FCC) proposed rule, *Promoting Telehealth in Rural America*, published January 3. In this rule the FCC seeks comments on leveraging telehealth under the Rural Health Care (RHC) Program.

CHIME is an executive organization serving more than 2,500 chief information officers (CIOs) and other senior health information technology leaders at hospitals and clinics across the nation. CHIME members are responsible for the selection and implementation of clinical and business technology systems that are facilitating healthcare transformation. CHIME members are among the nation's foremost health IT experts when it comes to a range of issues, including telehealth. And, many of our members treat patients in underserved areas. We welcome the opportunity to share our insights with the committee.

We recognize, along with many experts in the industry, that trends suggest underserved communities are falling behind when it comes to the availability of high-quality healthcare. CHIME agrees with the FCC that as technology and telemedicine assume an increasingly critical role in healthcare delivery, a well-designed RHC Program is more vital than ever. When the FCC established the RHC Program in 1992, it was aimed at improving care for Americans living in less populated areas of the country. During the past two years, the demand for health-related services has exceeded the cap of \$400 million that has been annually set aside under this program. We furthermore agree that by improving underserved healthcare provider access to modern communications services, the RHC Program can help in overcoming some of the obstacles to healthcare

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delivery faced in isolated communities. And, we believe leveraging telehealth to help achieve this is a laudable goal.

This said, the \$400 million available under the RHC has not changed since the program was founded in 1992. The FCC seeks comments on whether the cap should be increased and if so, should it be done retroactively to 2017. CHIME believes increasing the funds is warranted and should occur retroactively. We recommend that the cap be doubled to \$800 million annually. For instance, the need to connect to skilled nursing facilities will drive the demand even higher. We believe there are funds that could be channeled into the RHC Program from the Universal Service Administrative Company (USAC) fund.

Moreover, as our nation faces a debilitating opioid epidemic, we believe there is role this fund can help play in helping curb the opioid crisis. Both the administration and Congress recognize what a problem the opioid addiction presents and we need creative solutions to tackle this from every angle. In fact, the president just extended the public health emergency around this issue another 90 days to April 23. Opioids killed more than 33,000 people in 2015, more than any year on record.¹ Additionally, nearly half of all opioid overdose deaths involve a prescription opioid. Those living in rural areas can be particularly vulnerable to opioid addiction. According to CDC data², opioid misuse and related deaths are higher among poor and rural populations.

In a recent AHRQ report³ the agency concluded that health information technology and telehealth present a promising means of improving access to care for rural patients, but these systems and platforms also present challenges. Identified challenges include cost of technology, compliance with privacy regulations, limited broadband access in rural areas, availability of IT support staff, state licensure and prescribing mandates, and reimbursement policies. AHRQ also concluded, "Rural primary care facilities may also experience challenges implementing health IT or telehealth solutions due to a lack of broadband access. Broadband availability is incredibly important for both providers and patients to use these innovative systems and platforms." We agree that all of these areas represent barriers. We also see persisting barriers in rural areas and these areas must not be forgotten either. By some accounts approximately a quarter of those living in cities still don't have broadband access either.⁴

Therefore, CHIME believes a focused approach by the FCC which examines the strongest areas of need like opioids could help reduce some of these barriers. We also agree that leveraging broadband and telehealth access in underserved areas would be helpful.

CHIME recommends that as the FCC considers how best to utilize and distribute funds under the RHC Program that the FCC:

- 1. Double the amount available annually under the fund to \$800 million to better meet demands;**
- 2. Consider how to best utilize these funds and direct them to the greatest areas of need, including areas decimated by the opioid crisis;**
- 3. Work collaboratively with other agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources & Services Administration (HRSA), the Centers for Medicare & Medicaid Services (CMS), the Office of the National Coordinator (ONC), the Centers for Disease Control and Prevention (CDC), and others to best leverage telemedicine solutions to help curb the opioid crisis. Doing so could leverage economies of scale and bring more attention to addressing this critical issue;**
- 4. Without broadband access, telemedicine is not possible. Therefore, establishing a national vision around broadband access and use will help facilitate this; and finally**
- 5. Take a vendor neutral approach.**

¹ <https://www.cdc.gov/drugoverdose/opioids/index.html>

² https://www.cdc.gov/mmwr/volumes/66/ss/ss6602a1.htm?s_cid=ss6602a1_e

³ https://integrationacademy.ahrq.gov/sites/default/files/mat_for_oud_environmental_scan_volume_1_1.pdf

⁴ <http://www.businessinsider.com/urban-access-broadband-internet-chart-2017-6>

In conclusion, CHIME appreciates the chance to lend our voice in shaping the future of the RHC Program and we welcome the opportunity to work more closely with the FCC on recommendations we made.

Sincerely,



Russell Branzell, FCHIME, CHCIO
CEO & President, CHIME



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