July 2, 2019

Commissioner Brendan Carr
Federal Communications Commission
445 12th St SW
Washington, D.C. 20554

Attention: Letter of Support for the Connected Care Pilot Program

Dear Commissioner Carr:

The College of Healthcare Information Management Executives (CHIME) and the Association for Executives in Healthcare Information Technology (AEHIT) are pleased to offer our support for the Federal Communication Commission's (FCC) work to advance access to healthcare services through telehealth to more Americans through the Commission's $100 million Connected Care Pilot Program.

CHIME is an executive organization serving more than 2,900 chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs), and other senior health information technology leaders at clinics and hospitals across the nation. The Association for Executives in Healthcare Information Technology (AEHIT) was launched in 2014 under CHIME to provide an education and networking platform to healthcare's senior IT technology leaders. Together, our members are responsible for the selection and implementation of clinical and business technology systems that are facilitating healthcare transformation. They are also among the nation's foremost health IT experts on a range of issues, including telehealth, and many of our members' organizations treat patients in underserved areas. We welcome the opportunity to share our support of this important initiative.

Last year the FCC unanimously approved to establish a new $100 million Connected Care Pilot Program. Under this pilot, the agency plans to create a Universal Service Fund pilot program to promote the use of broadband-enabled telehealth services among low-income families and veterans, with a focus on services delivered directly to patients beyond the doors of brick-and-mortar healthcare facilities. Building off our letter last year, CHIME and AEHIT are pleased to again offer our support of the FCC's efforts to improve access to healthcare services through broadband and other advanced technologies to low-income Americans, including those in rural areas and our nation's veterans. Too many patients still reside in areas where broadband access is insufficient or missing altogether. As we have communicated earlier, we hope to work with the FCC to expand the definition of rurality which will help better achieve the goals outlined under this program. Under this pilot, FCC plans to:

- Help defray the qualifying costs of connected care services for low-income patients;
- Support various health conditions (i.e. diabetes management, opioid dependency, high-risk pregnancies, pediatric heart disease, and cancer);
- Offer an 85 percent discount on qualifying services for connected care technologies.

In discussing FCC's plans for this pilot, we would like to share some of the feedback we received from our members:

Because of the distance between our service area and pediatric specialists our hospital has the capability to conduct virtual visits with pediatric specialists employed by the Nemours Children's Health System. Our service area is located in a very rural part of the state and telehealth technology offers us the ability to monitor patients that are on a well plan post discharge to ensure they are doing all of the right things in order to avoid a readmission. (Delaware member)

Telehealth is offering a new capability to better serve patients who have trouble getting to healthcare providers, whether they live in an underserved rural community 2 hours away or in the same city, but have significant transportation challenges. Telehealth is not new, but the technology supporting telehealth has now evolved to make it both an effective clinical interaction environment and a cost efficient mechanism. Programs, like the FTC's Connected Care Pilot, that help healthcare providers figure out how to optimally weave the usage of telehealth into existing care pathways have the potential to enable greater and greater utilization, improving the overall quality of care and lowering the cost for not only underserved populations, but all patients. (San Diego, California member)

We believe telehealth services are imperative for optimum health and well-being for at-risk, low-income patients residing in rural areas. We also believe that technology is a great avenue to innovate and improve care. We are committed to providing patients' care, both on an inpatient and outpatient basis, with easy access to primary and specialty care within their local communities. (Pennsylvania member)

As evidenced by the above quotes, CHIME and AEHIT strongly support connected care technologies that can help reach patients who would otherwise be underserved, as well as, expanding the use of these technologies to help drive down healthcare costs. We agree with the FCC that, "It is critical that all Americans have access to these connected care services—whether enabled by existing broadband technologies or next-generation technologies, such as 5G," as outlined in your Notice of Inquiry published August 3, 2018. We agree with the FCC that too many American are living without broadband and this is hampering access to quality healthcare delivered via telehealth. And, we also agree that connected care technologies like mobile health hold significant promise in helping support better outcomes and in some cases can drive down costs.

Technology adoption and robust data sharing are vital to enhancing the quality of care and efficiency of the nation's healthcare system. The healthcare system has evolved from a siloed, paper-based system to an interconnected, digital system that provides clinicians with vast quantities of data to make informed decisions. Connected medical devices enable patients to track their conditions or proactively pursue healthier lifestyles. Technologies now allow patients to see clinicians from home or allow clinicians to optimize their time by using telemedicine to monitor patients off-site in real-time. These and many more technologies exist to transform the provision of healthcare and improve outcomes, but they will need a fast, reliable infrastructure to be effective and to be embraced by patients and clinicians.

The migration to the fifth generation of high-speed wireless networks, or 5G, will allow technologies to truly revolutionize healthcare. Removing today's bandwidth limitations brings endless possibilities for the proliferation of telehealth and remote monitoring; the unleashing of augmented or artificial intelligence (AI) and big data; and, the optimization of healthcare operations. Untethering patients from the capabilities a traditional network will alter patient engagement and mitigate existing access challenges. Faster speeds combined with cloud-based storage will enable advanced digital networks capable of generating and leveraging large quantities of data in ways previously unimaginable. Care can be delivered virtually, anywhere at any time to anyone. There's no question that

the infusion of 5G into healthcare will enhance access to care, while decreasing costs and improving efficiency. We agree with the FCC that too many American are living without broadband and this is hampering access to quality healthcare delivered via telehealth. And, we also agree that connected care technologies like mobile health hold significant promise in helping support better outcomes and in some cases can drive down costs.

We furthermore agree with the FCC that, "mobile health applications also have the potential to improve health outcomes, and device manufacturers and app developers are responding to the shift towards providing connected health care at the patient's location." We are pleased that the FCC listened to our earlier feedback and incorporated mobile technologies into their proposal. With recent policies from the Centers for Medicare & Medicaid Services (CMS) aiming to better empower patients by requiring providers facilitate access to their medical records though application programming interfaces (APIs), as well as more policies that reimburse for remote health monitoring, mobile technology will become increasingly important to managing care. As citizens become more connected in their daily lives and healthcare's drive to a patient-centered approach to care, improve access and deliver better value, mobile connectivity is imperative. We thus support the focused approach on mobile connectivity as it will allow for a more effective strategy for helping underserved populations at higher efficiency than ever before.

In conclusion, CHIME and AEHIT appreciate the opportunity to offer our support to the FCC for moving forward with rulemaking to further the expansion of connected care to the neediest citizens which holds significant promise in outcomes and cost savings. Should you have any questions about our letter, please contact Mari Savickis, Vice President, Federal Affairs, at Mari.Savickis@chimecentral.org.

Sincerely,

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