Remarks of
Chairman Kevin J. Martin

Meeting of the
American Health Information Community (AHIC)
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Introduction

Good morning. I would like to thank Secretary Leavitt for his kind remarks and for inviting me to attend the meeting today to provide a few comments. Also, I want to acknowledge all of the distinguished committee members and the important work that AHIC is doing to advance health care information technology, in particular the deployment of electronic medical records. This work is important not only for the economy, but will improve the healthcare available to people across the entire nation.

Since becoming Chairman, I have made broadband deployment the Commission’s top priority. Broadband technology is a key driver of economic growth. The ability to share increasing amounts of information at greater and greater speeds, increases productivity, facilitates interstate commerce, and helps drive innovation. But perhaps most important, broadband has the potential to affect almost every aspect of our lives – from where and when we work to how we educate our children. And – of most relevance for our discussion today – it is increasingly changing the way healthcare is delivered and received.

In April 2004, the President issued an Executive Order to provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care. A key goal of AHIC is to help Americans obtain access to secure electronic medical records. Electronic medical records will improve the health care treatment Americans receive by, among other things:

[SLIDE: Electronic Medical Records]

- Ensuring that appropriate medical information is available
- Reducing medical errors
- Reducing health care costs
- Improving the coordination among health care facilities

[SLIDE: Vision]

Vision

But all of these benefits rely on an underlying health IT infrastructure that is capable of sharing this information. In order to receive the benefits of electronic health care records, health care providers must have access to underlying broadband infrastructure. Without this underlying infrastructure, efforts to implement electronic health care records cannot succeed.

That is why a key element in the national health IT agenda and Dr. Kolodner’s efforts is the creation of a “Nationwide Health Information Network.” This “Network of Networks” will
facilitate exchange of information through common architectures, processes, and policies. And, we at the Commission have the opportunity to help.

It is my vision to see every healthcare facility in the nation connected to each other with broadband. This is especially important in rural areas of the nation that may lack the breadth of medical expertise available in urban areas. To make such connectivity a reality, we need to continue to encourage the deployment of broadband facilities that connect networks of rural and non-rural public and not-for-profit healthcare providers within a state or region – as well as connect such state-wide or regional healthcare networks to each other across the nation.

**Pilot Program**

[SLIDE: Rural Health Care Pilot]

Last year, the Commission took action to address the lack of broadband for health care providers and work to establish a true nationwide Health Information Network. On September, 26, 2006, under my direction, we launched the Rural Health Care Pilot program. The Pilot program will provide funding for up to 85 percent of an applicant’s costs of deploying a dedicated broadband network connecting health care providers in rural and urban areas within a state or region. It also provides funding for up to 85 percent of applicant’s costs of connecting the state or regional networks to Internet2 and/or National Lambda Rail – dedicated nationwide backbones – as well as the public Internet.

The Commission received an overwhelming response. Eighty-one regional and state health networks across the country submitted applications. These broadband networks and this connectivity will be crucial to the delivery of advanced healthcare information that you are discussing. And the FCC is preparing to dedicate significant funding to spur the deployment of these broadband networks for healthcare facilities.

[SLIDE: Map 1]

Specifically, I have proposed dedicating more than 400 million dollars over 3 years to the construction of broadband networks for state-wide and regional healthcare networks in 42 states and 3 U.S. territories, all connected to a national backbone provider. [SLIDE: Map 2] The networks will connect over 6,000 healthcare providers across the country, including hospitals, clinics, public health agencies, universities and research facilities, behavioral health sites, community health care centers, and others. [SLIDE: Map 3] All of the networks will construct innovative and highly efficient regional broadband networks, either by building new, comprehensive networks or upgrading existing ones. [SLIDE: Map 4] All of these networks will be able to connect to the public Internet as well as to one of the nation’s dedicated Internet backbones: Internet-2, or National LambdaRail. In the end, this is what the National Health Care Network will look like.

The types of funded projects include:

[SLIDE: Examples of Applications]

- Large-scale networks connecting hundreds of facilities over a multi-state region
- Small-scale networks providing a critical advanced broadband link for several regional hospitals or clinics
o Connections to insular areas and isolated regions, such as Indian reservations, where transportation costs are high and health care specialists are concentrated in distant urban centers.

o Networks in states with a severe shortage of health care professionals, enabling health care and mental health providers to treat patients hundreds of miles away.

Over these networks, applicants will provide telehealth and telemedicine services that support:

[SLIDE: Benefits of Broadband Healthcare Network]

o Clinical care
o Consumer and professional health education
o Public health
o Health administration
o Research, and most important for today’s meeting,
o Electronic health records.

The Pilot program is structured to encourage applicants to aggregate the needs of health care providers in both rural and urban areas, and select the most efficient technology based on their network needs. For example the Pilot program:

[SLIDE: Benefits of Pilot Program]

o Encourages multiple health care providers in a state or region to join together.
o Allows flexibility in network design to meet the specific needs of health care providers.

o Encourages the creation of self-sustaining networks.
o Encourages broadband connections for rural health care providers.

Public Health Benefits of Pilot Program

As we evaluated the Pilot Program, it became even more clear to me how well this program aligns with the goals that the Department of Health and Human Services and the health community is working to achieve.

[SLIDE: Public Health Benefits]

That is why it is important that organizations participating in the pilot program use their resources consistent with the health IT initiatives being promoted by HHS. This includes the implementation of an interoperable health IT systems and the use of certified health IT products. Additionally, participants will be expected to coordinate with HHS and CDC during public health emergencies, such as pandemics or bioterrorism events.

By providing public health officials with access to these telehealth networks, they will be able to share critical, time-sensitive information, including risk management guidance, with first responders and all health care providers when responding to public health emergencies. This would improve the government’s ability to provide a comprehensive and cohesive response to a public health crisis in coordination with the Nation’s health care system and public health community.
Conclusion

[SLIDE: FCC Health Care Pilot Program]

Through the Commission’s Healthcare Pilot Program, I am hoping to establish the basic building blocks of a digitally connected health system – regional and state-wide broadband networks, all connected to a national backbone. I think the broadband deployment at the core of the FCC’s program blends perfectly with the work of AHIC and HHS to accelerate the development and adoption of health information technology and to advance the President’s goal for widespread adoption of electronic medical records. I hope to continue working with health care community to help deliver the broadband infrastructure that is core to all of our missions.

I want to thank Secretary Leavitt and the members of this Committee for your time and hard work toward an improved health system for all Americans. I look forward to any questions you may have.