REMARKS OF FCC COMMISSIONER BRENDAN CARR

AT UNIVERSITY OF MISSISSIPPI MEDICAL CENTER EVENT ON THE FCC'S 'CONNECTED CARE PILOT PROGRAM'

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(AS PREPARED FOR DELIVERY)

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Good afternoon. Thank you to Senator Wicker and the University of Mississippi Medical Center for hosting today's event. It's great to be back in Jackson, and at the UMMC's Center for Telehealth. Five months ago, I visited Jackson at the invitation of Senator Wicker. During that visit, I had an opportunity to see the great work that UMMC is doing to bring the benefits of telehealth to residents of the Magnolia State. Senator Wicker has been a champion for telehealth in the Senate, advocating every day for policies that will help speed the adoption of these groundbreaking technologies. So I'm glad to join all of you today to talk about what more we can do to support telehealth for low-income Americans.

A little-known fact about me: I grew up around health care professionals. My mother started out her career as a nurse and is still in the field, working as a psychologist in southern Virginia, including with veterans that are managing PTSD. As a kid growing up, I knew telehealth from my mom's use of pagers and calls to patients from the car phone. And while a lot has changed since then, it gave me an early appreciation for the importance of accessible and high-quality care.

Unfortunately, too many Americans are falling behind when it comes to the availability of high-quality health care. With a growing physician shortage, it's difficult to impossible to find specialists in many rural communities, and even basic care is often out of reach, as we see rural hospitals closing by the dozen across the country.

Thankfully, telehealth technologies are making a difference. Inside many hospitals and clinics, patients can now access connected and cutting-edge telehealth services. The FCC, through its Rural Health Care Program, has long supported the deployment of broadband to these facilities.

I've seen this in Lennox, South Dakota (pop. 2,111). There, I had the chance to tour a skilled nursing facility and see how they are using broadband-enabled technology to improve patient outcomes and eliminate unnecessary costs. One way they do this is through their "Johnny 5." It's a connected workstation that allows patients at the Lennox facility to visit virtually with a doctor located in Sioux Falls or elsewhere. This broadband connection has eliminated the need for the long and sometimes arduous ambulance ride into bigger cities and gives patients access to specialists that they might otherwise be unable to see.

I've also seen this in Beatty, Nevada. Due to the economics of serving a small, rural community (pop, 1,010) the one health care clinic within 60 plus miles was going to shut down. But with a new broadband connection, the facility has been able to stay open. A nurse I met there, Theresa, checks patients in, takes their vital signs, then connects them to a doctor based in a much larger town for a virtual visit.

But what we're also seeing is that advances in technology mean that the delivery of high-tech, life-saving services are no longer limited to the confines of connected, brick-and-mortar facilities.

Instead, what we're seeing in telehealth today is a trend towards "connected care everywhere." When patients leave the doors of medical facilities, their access to high-tech healthcare services often drops off. Connected care technologies are helping to fill that gap. Whether through remote patient monitoring or mobile health applications that are accessed on smartphones or tablets, patients are seeing improved outcomes and significant cost savings through high-tech care delivered directly to them regardless of where they are located.

And, as everyone in this room knows, Mississippi has been at the forefront of the connected care trend. Several years ago, UMMC and C Spire began a remote patient monitoring trial that improved outcomes for diabetes patients living in the rural Mississippi Delta.

The Delta is famous as the birthplace of rock 'n roll and the Delta blues. It sits in in the northwest corner of the state between the Mississippi and Yazoo rivers. It's an agricultural area that right now is dotted with soybean plants and corn fields.

The Delta is also ground zero for the country's diabetes epidemic. It sees diabetes at rates that are about twice the national average. Ruleville, Mississippi (pop. 3,234) sits in Sunflower County, and it is no exception to this trend. In addition to having one of the highest rates of diabetes in the state, more than half of all children in this area live in poverty. That only adds to the challenge of finding and accessing affordable health care. But the Delta is also a place where remote patient monitoring technology is already making a difference.

This morning, I had the chance to spend time in the Delta and visit with patients that are benefiting from these deployments. That's where I met Ms. Annie, a patient of the North Sunflower Medical Center in Ruleville. Ms. Annie told me that she noticed the first signs of her diabetes when she woke up one day with blurred vision. After seeing little progress in managing her diabetes with traditional care options, Ms. Annie signed up for the remote patient monitoring pilot program. She walked me through the iPad & blue-tooth enabled blood glucose monitors that patients use in their homes to track and control their own care on a daily basis. The tablet chimes every morning as a reminder. Ms. Annie then pricks her finger and her A1C level is displayed on screen. Based on that, the app suggests appropriate actions—from a particular food or exercise, to watching a relevant video. If she forgets or does not enter her numbers that day, Ms. Annie will get a phone call from a nurse. With this technology, Ms. Annie's A1C levels have gone down and she says she's never felt better.

But such experiences are not limited to the Magnolia State. A few weeks ago, I visited the University of Virginia Health System in Charlottesville, Virginia. That trip helped me learn more about the trend toward connected care and how the FCC can help promote remote patient monitoring and related telehealth technologies. For example, at the UVA Children's Hospital, I heard about their pediatric cardiology program, which brings high-tech care to the home. With a connected tablet and a Locus Health app, daily weight, heart rate, and oxygen levels can be tracked remotely, which decreases the need for high-risk pediatric patients to undergo ICU stays and invasive procedures.

Later that day, at UVA's Karen S. Rheuban Center for Telehealth, I saw how connected insulin pumps and home blood sugar monitors are used to improve average blood sugar levels for patients. I had the chance to try one of the glucometers (or blood sugar test kits) that patients take home with them. As someone that is not a fan of needles, I was glad there was a doctor in the room, in case I passed out.

But in all seriousness, finding ways to use remote patient monitoring technologies to manage chronic diseases, which account for over 85% of direct healthcare spending, is a challenge that merits our attention. And the relatively limited trials to date are showing significant cost savings.

A remote patient monitoring program run by the Veterans Health Administration cost $1,600 per patient compared to more than $13,000 per patient for VHA's home-based primary services. Another telehealth project in the Northeastern U.S. found that every $1 spent on remote monitoring resulted in a $3.30 return in savings. And it comes as no surprise to all of you that UMMC and C Spire's Mississippi's diabetes trial resulted in nearly $700,000 in annual savings due to reductions in hospital readmissions alone. Assuming just 20% of Mississippi's diabetic population enrolled in this program, Medicaid savings in the state would be $189 million per year.

Connected care technologies are also greatly improving health outcomes for patients. For example, a study of 20 remote patient monitoring trials found a 20% reduction in all-cause mortality and a 15% reduction in heart failure-related hospitalizations. The Veterans Health Administration's remote patient monitoring program resulted in a 25% reduction in days of inpatient care and a 19% reduction in hospital admission. Another remote patient monitoring initiative showed a 46% reduction in ER visits, a 53% reduction in hospital admissions, and a 25% shorter length of in-patient stay.

Given the significant cost savings and improved patient outcomes associated with connected care, we should align public policy in support of this movement in telehealth. At the FCC, we can play a constructive role by helping to support the connectivity and deployments needed to ensure that all communities get a fair shot at benefiting from new telehealth technologies.

So I am pleased to announce that, on August 2nd, the FCC will seek to establish a new $100 million "Connected Care Pilot Program." If adopted, this new program would target support to connected care deployments that would benefit low-income patients, including those eligible for Medicaid or veterans receiving cost-free medical care. It would support a limited number of projects over a two- or three-year period with controls in place to measure and verify the benefits, costs, and savings associated with connected care. It could take the results we've already seen in Sunflower County and help replicate those results in communities across the country.

From chronic disease management to pediatric cardiology, from PTSD to opioid dependency, this pilot has the potential to make a real difference for low-income individuals that currently lack access to quality health-care. I look forward to working with my colleagues at the FCC, federal and state partners that are active on these issues, and all stakeholders as we seek comment on establishing the Connected Care Pilot Program. I want to thank Senator Wicker again for hosting this event and for your work in bringing the important and innovative telehealth work at UMMC and across the state to light as a model that we should strive to replicate.

Thank you.