

REMARKS OF FCC COMMISSIONER BRENDAN CARR

AT THE VIRGINIA TELEHEALTH NETWORK'S EVENT ON THE FCC'S 'CONNECTED CARE PILOT PROGRAM'

LAUREL FORK, VIRGINIA

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Good morning. It's great to join you in Laurel Fork at the Tri-Area Community Health Center. I look forward to announcing a new step we are taking at the Federal Communications Commission to expand Americans' access to telehealth—action that can help bring high-quality, affordable care to communities across the country.

I grew up in Virginia, and I always enjoy getting back to the Commonwealth. On the drive down here yesterday, we started out on I-66, weaving through the traffic, congestion, and tall buildings of D.C.'s suburbs and commuter towns. But there's always a point on that drive—and for me it's when I-66 ends and you swing south onto I-81—when all of that fades away and is replaced by the quiet and stillness of the Shenandoah Valley.

It's a gorgeous area. And as we made the long drive along the backbone of the Blue Ridge Mountains—past Lexington, through Roanoke, and beyond Blacksburg—I was reminded again of the natural beauty of southwest Virginia. There is much to be said for the peace and solitude that comes from being so far from the commotion of big city life. But this rural landscape also presents some unique challenges. One of them is accessing high-quality and affordable health care. And that's what we're here today to address. It should not matter whether your family lives in a community off I-66 or I-81—all Americans should have access to quality care.

Yet we know that rural communities face a distinct set of health care challenges. Here in Carroll County, for instance, diabetes rates are about one third higher than the national average. And managing that and other chronic conditions is complicated by several factors. Income levels in the county are about one third below the national average. The closest hospital is in another state. And HHS has classified Laurel Fork as a health care provider shortage area for mental health and primary care services. Indeed, there's just one mental health provider available in the county per 2,700 people.

As these numbers suggest, too many Americans are at risk of 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.

Leaders here in Carroll County are tackling this challenge. And they're doing it through a mix of old-fashioned grit and determination plus a healthy amount of high-tech innovation. They are using telehealth to bring affordable care and nationwide specialists to the heart of Appalachia.

Inside many hospitals and clinics across the Commonwealth, 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.

But technology that's limited to the confines of a brick-and-mortar hospital does little to help communities or patients that are long miles and many hours away from those facilities. So Tri-Area is

leading the way on a trend in telehealth—a trend towards “connected care everywhere.” When patients leave the doors of a medical facility, their access to high-tech healthcare services no longer needs to drop down to zero. Whether through remote patient monitoring or mobile health applications that are accessed right on a smartphone or tablet, patients are seeing improved outcomes and significant cost savings through high-tech care delivered directly to them regardless of where they are located.

The innovative work being done here in Laurel Fork is already delivering results. The Tri-Area Community Health Center has been using telehealth to pioneer a remote patient monitoring program for patients with diabetes. Thanks to connected care technologies, Tri-Area patients with diabetes who are having trouble controlling their A1C levels don’t go home from this clinic empty-handed. They’re given an Internet-connected home monitor, which allows endocrinologists at this facility to monitor the patient’s blood glucose levels daily, as well as their dietary intake and physical activity. They graph this data and upload it to the cloud where it can be analyzed. And the results are made available to a team here at Tri-Area and to specialists at the University of Virginia through a secure connection. Dr. Richard Santen, who you will be hearing from shortly, has seen impressive results from this technology. In his study, remote patient monitoring lowered his patients’ A1C levels by 2.2 points on average, which dramatically reduced their risk of heart disease. We will get the chance to hear from two of those patients today.

Tri-Area Community Health is just one of many facilities in Virginia that has seized the opportunity of telemedicine. And with new legislation on the books, providers will be able to expand their telehealth offerings. I am pleased to hear that Dr. Karen Rheuban, who is also speaking here today, and the University of Virginia will be looking to add additional offerings to their own remote patient monitoring capabilities this summer, including ones that can help combat the opioid epidemic.

Virginia is also home to many veterans. And particularly for those living in rural communities, the nearest VA facility can feel a world away. Clinics like Tri-Area can help bring care closer to home. So I was thrilled to hear that Tri-Area will be joining VA mission, a new project from the VA to provide in-home care to veterans in this community. The FCC’s pilot program could help support programs like these by ensuring that patients have the high-speed connectivity they need to participate in this growing trend of connected care everywhere.

The potential benefits of connected care are significant. In communities across the country, I’ve seen firsthand how telehealth is lowering costs and improving patient health outcomes. And the relatively limited trials to date are showing significant cost savings. A remote patient monitoring program run by the Veterans Health Administration, for example, cost \$1,600 per patient compared to the \$13,000 it costs for more traditional care. Another telehealth project in the Northeastern U.S. found that every dollar spent on remote monitoring resulted in a \$3.30 return in savings. And a diabetes trial run by the University of Mississippi Medical Center 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. It’s the healthcare equivalent of

moving from Blockbuster to Netflix. At the FCC, we can play a constructive role by helping to fund the connectivity needed to ensure that all communities get a fair shot at benefiting from new telehealth technologies. After all, if you can't afford or don't have access to the Internet, many of these life-changing remote patient monitoring technologies will remain out of reach.

So I am pleased to announce that the FCC will be voting on July 10 to advance a \$100 Million "Connected Care Pilot Program." The Pilot would target funding to connected care projects that would benefit low-income patients, including those living in rural communities and veterans. In particular, we will be voting to fund eligible health care providers so they can obtain the broadband needed to provide remote patient monitoring and similar connected care technologies to their patients. The program would support a limited number of projects over a three-year period with controls in place to measure and verify the benefits, costs, and savings associated with connected care. This will help extend treatment beyond the four walls of the hospital and enable more patients to receive high-quality medical care wherever they are.

The vote builds on comments we received from the public after we first sought feedback on standing up this type of program last year. And there's a few more steps to go before we start accepting applications. But I want to invite all health care providers and the public to review the document we will be voting on, which will be available on the FCC's website later today. We need your feedback and participation to ensure that we target this funding to the right projects. For instance, we will be seeking comment on providing funding to cover up 85% of the costs of the patient connectivity needed for these pilots. So we would benefit from hearing from you about the types of costs you incur in delivering connected care solutions.

I am glad the FCC is moving forward with this initiative. 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 Tri-Area Community Health and the Virginia Telehealth Network again for hosting this event and for the important and innovative telehealth work you do across the state. It's a model that we should strive to replicate.

Thank you.