

REMARKS OF FCC COMMISSIONER BRENDAN CARR

**AT THE NATIONAL RURAL HEALTH ASSOCIATION'S
31st ANNUAL RURAL HEALTH POLICY INSTITUTE**

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Thank you to the National Rural Health Association for the chance to join you at your policy summit here in D.C. I first had the chance to speak at one of your events almost two years ago. And it's an honor to join you all again. There is something special about NRHA's work. You fight to improve health care for the 60 million Americans that live in rural communities. And that is a fight we must win as a country. So I am glad to stand with you as we work to achieve that goal.

As this group knows better than perhaps any other, the obstacles faced by patients and healthcare providers in rural areas are vastly different than those in urban areas. NRHA's data show that rural Americans face a distinct set of challenges. They are older, they have lower incomes, and they see higher rates of diabetes and other chronic health conditions. On top of all this, rural hospitals have been closing by the dozen. Rural patients must travel twice as far as urban residents to the closest hospital. And there is a growing doctor divide—with urban areas having more than two times the number of physicians and more than eight times the number of specialists per person as rural America.

At all levels of the government, we are committed to turning this around. And part of the solution is expanding access to broadband-powered telehealth in rural communities. As many of you know, the FCC has long supported the buildout of high-speed Internet services to healthcare facilities in rural America. Right now, we have two programs specifically dedicated to that goal, and they provide about \$600 million in support each year.

Since joining the Commission two and a half years ago, I have spent much of my time on the road in rural communities to see how we can improve the FCC's programs. I have visited 34 states from Alaska to Florida, and all those miles on the road have given me a firsthand glimpse into what our programs mean to the Americans who need them.

I've seen what our Rural Health Care Program has accomplished in places like Lennox, South Dakota (pop. 2,111). That's where 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.

These are just a few of the examples where the FCC's work to support broadband builds to connected brick-and-mortar facilities is helping to improve quality care in rural America. Allowing

people to stay in their own communities—rather than costly or hours-long transfer to city facilities—makes a big difference. You all know this. And the point was brought home to me about three and a half thousand miles from here. Last summer, I visited Utqiagvik, Alaska, which is the northernmost community in the country. It sits on a peninsula that is surrounded by the Arctic Ocean on three sides and hundreds of miles of tundra to the south.

In fact, Utqiagvik is so far north that it just saw its first sunrise in 65 days. When I was in the small one room airport there, I spoke with a woman about my work at the FCC and how we were visiting to see how we can help expand telehealth options. She told me that we have no idea what it means for members of the community to stay right there, in their own villages, and get access to high-quality care, rather than the long and isolating trip to a big city.

So we need to keep making progress on these issues. And there is good news to share on this front. One theme I keep hearing at this year's NHRA summit is "rural America is having a moment; let's make it a movement." And there's certainly a new movement in telehealth that we should tap into.

The FCC's programs have historically focused on connecting brick-and-mortar institutions, as the examples I gave earlier showed. But there's now a new trend in telehealth towards connected care. 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. It's the health care equivalent of moving from Blockbuster to Netflix.

Remote patient monitoring programs made an impression on me while traveling through the Mississippi Delta a little over a year ago. The Delta is ground zero for the country's diabetes epidemic, and Ruleville, Mississippi (pop. 3,234) 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. It'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.

The relatively limited trials to date are showing significant cost savings from connected care technologies. 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 that diabetes trial in Ruleville, Mississippi, 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 last year, I proposed that the FCC establish a new \$100 million “Connected Care Pilot Program.” We have been working with our sister agencies such as the Department of Health and Human Services and the Department of Veterans Affairs, as well as stakeholders in the health care community to develop an effective connected care program. And we have been moving through the rulemaking process at the FCC. I am pleased to report that we will soon move to a final order in that proceeding in the FCC, so I welcome NRHA continued involvement in that process.

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 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 the handful of programs I’ve mentioned here 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 establish and evaluate the Connected Care Pilot Program. I want to thank the National Rural Health Association for having me here to discuss the important work we’re all doing to make sure all Americans have access to top quality health care.

Thank you.