



August 29, 2019

Federal Communications Commission  
Docket Number: WC Docket No. 18-213  
Submitted electronically to [www.fcc.gov/ecfs/filings](http://www.fcc.gov/ecfs/filings)

Re: Promoting Telehealth for Low-Income Consumers Proposed Rule

The American Medical Informatics Association (AMIA) appreciates the opportunity to provide support to and input on this the proposed rule for promoting telehealth for low-income consumers.

Informatics is the science of how to use data, information, and knowledge to improve human health and the delivery of health care services. AMIA is the professional home for more than 5,500 informatics professionals, representing frontline clinicians, researchers, public health experts, and educators who bring meaning to data, manage information, and generate new knowledge across the research and healthcare enterprise. AMIA members advance health and wellness by implementing and evaluating informatics interventions, innovations, and public policy across settings and patient populations, adding to our collective understanding of digital health through peer-reviewed journals and scientific meetings.

AMIA strongly supports FCC's central proposal to create a new Connected Care Pilot program within the Universal Service Fund (USF) that supports connected care projects for low-income Americans and veterans. In previous comments to the Commission,<sup>1</sup> we imparted our belief that access to broadband is a social determinant of health.<sup>2,3,4</sup> Social determinants of health are "the

---

<sup>1</sup> <https://www.amia.org/sites/default/files/AMIA-Response-to-FCC-Notice-on-Accelerating-Broadband-Health-Tech-Availability.pdf>

<sup>2</sup> Perzynski, et al. found that patient portals have shown potential for increasing health care quality and efficiency, and that lower rates of initiation of portal use was found for racial and ethnic minorities, persons of lower socioeconomic status, and those without neighborhood broadband internet access. They conclude that Internet access and other factors influencing patient portal use could worsen health disparities. (Perzynski A., Roach, M.J., Shick, S. et al; Patient portals and broadband internet inequality. J Am Med Inform Assoc 2017 ocx020. doi: 10.1093/jamia/ocx020)

<sup>3</sup> Graetz, et al. found similar results when conducting a cross-sectional survey of 1,041 patients with chronic conditions in a large integrated health care delivery system, indicating similar disadvantages for online access to health records and the ability to exchange secure messages among disadvantaged groups. (Graetz I, Gordon N, Fung V, et al. The Digital Divide and Patient Portals: Internet Access Explained Differences in Patient Portal Use for Secure Messaging by Age, Race, and Income. Med Care. 2016 Aug;54(8):772-9. doi: 10.1097/MLR.0000000000000560.)

<sup>4</sup> Gibbons, et al. conducted a wide-ranging systematic evidence review of consumer health informatics, defined as any electronic tool, technology, or system that is (1) primarily designed to interact with health

August 29, 2019

structural determinants and conditions in which people are born, grow, live, work and age.”<sup>5</sup> They include factors such as socioeconomic status, education, the physical environment, employment, and social support networks, as well as, access to health information and care via broadband-enabled technologies. Given our view of access to broadband, we are pleased that, as we encouraged in our previous comments, FCC is taking a leadership role in establishing a way to measure the relationship between affordable patient broadband internet access service and the availability of quality health care.

We are especially supportive of pilots that include both rural and urban populations that are face specific challenges related to inadequate access to affordable and consistent high-speed Internet. Race, ethnic, and age disparities in patient portal use and readiness and preferences for using digital communication for health-related purposes have shown to be significant, and this, in turn, reduces their ability to participate in many emerging mHealth and home monitoring solutions. These groups would certainly benefit from an environment that would foster a low-cost broadband option with access that would be open and as ubiquitous as possible.

We also strongly support FCC’s proposal to limit the Pilot program to projects that primarily focus on health conditions that typically require at least several months or more to treat, namely opioid dependency and chronic health conditions. As we have noted in previous comments, there are encouraging studies<sup>6</sup> that have explored the utilization of broadband-enabled rehabilitation for substance use disorder. However, research in this area is still lacking. Further, according to the Centers for Disease Control & Prevention (CDC), people with chronic and mental health conditions are responsible for 90 percent of the nation’s \$3.3 trillion in annual health care expenditures.<sup>7</sup> Not

---

information users or consumers (anyone who seeks or uses healthcare information for nonprofessional work), (2) interacts directly with the consumer who provides personal health information to the CHI system and receives personalized health information from the tool application or system, and (3) is one in which the data, information, recommendations, or other benefits provided to the consumer, may be used in coordination with a healthcare professional but is not dependent on a healthcare professional. Gibbons, et al found that a system-level barrier related to Internet access at home or in the community was prevalent across all inclusive studies. (Gibbons, M.C., Wilson, R.F., Samal, L. et al. Consumer health informatics: results of a systematic evidence review and evidence based recommendations. *Behav. Med. Pract. Policy Res.* (2011) 1: 72. doi:10.1007/s13142-011-0016-4)

<sup>5</sup> Marmot M., et al., “Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health,” *The Lancet* 372, no. 9650 (Nov. 8, 2008):1661–1669.

<sup>6</sup> Guarino, H., Acosta, M., Marsch, L. A., et al. A mixed-methods evaluation of the feasibility, acceptability, and preliminary efficacy of a mobile intervention for methadone maintenance clients. *Psychology of Addictive Behaviors*, Vol 30(1), Feb 2016, 1-11. <http://dx.doi.org/10.1037/adb0000128>

<sup>7</sup> <https://www.cdc.gov/chronicdisease/about/costs/index.htm#ref1>

August 29, 2019

only would tracking these conditions provide the opportunity to collect more meaningful and statistically significant data, but they are the very areas that should be targeted with further research support.

In addition to the studies highlighted above, we also believe FCC program staff should be aware of recent studies from Zulman et al. and Khairat et al. Zulman et al. found that among high-need Veterans with access barriers, approximately 4 in 5 tablet recipients used the video telehealth tablet during the evaluation period.<sup>8</sup> These authors also surveyed 86 VA facilities spanning all 18 geographic regions finding a host of implementation barriers including insufficient training, staffing shortages, and provider disinterest (described as barriers by 59%, 55%, and 33% of respondents, respectively). Khairat et al developed a “Combined Inequality” score by Zip Code Tabulation Area across North Carolina by combining social indicators with access indicators to understand how a newly established Virtual Urgent Care (VUC) program impacted vulnerable populations across the state.<sup>9</sup> The study concluded that the online, on-demand urgent care service provided by the VUC demonstrated the reachability, context, and continued growth of the service.

Finally, we note that in many underserved populations, especially in urban settings, broadband use is more likely to be done using public or shared devices, exacerbating privacy concerns. We encourage FCC to be cognizant of these potential challenges and consider how program applicants intend to allay such concerns.

We hope our comments are helpful as you embark on this pilot program, and we encourage FCC staff to engage with the informatics community who work at the intersection of health technology development, implementation, and evaluation. Should you have questions about these comments or require additional information, please contact Jeffery Smith, Vice President of Public Policy at [jsmith@amia.org](mailto:jsmith@amia.org) or (301) 657-1291. We look forward to continued partnership and dialogue.

Sincerely,

---

<sup>8</sup> Zulman et al. Making connections: nationwide implementation of video telehealth tablets to address access barriers in veterans, JAMIA Open, , ooz024, <https://doi.org/10.1093/jamiaopen/ooz024>

<sup>9</sup> Khairat, et al. Advancing health equity and access using telemedicine: a geospatial assessment, *Journal of the American Medical Informatics Association*, Volume 26, Issue 8-9, August/September 2019, Pages 796–805, <https://doi.org/10.1093/jamia/ocz108>

August 29, 2019



Douglas B. Fridsma, MD, PhD, FACP, FACMI  
President and CEO  
AMIA