Chairman John Thune
Written Questions for the Record to
Dr. Gibbons
"Advancing Telehealth through Connectivity"
Senate Committee on Commerce, Science, and Transportation

Question 1: When the FCC created the Healthcare Connect Fund in 2012, the agency said that it expected to consider in the future whether the [Rural Health Care] Telecommunications Program should be reformed or eliminated. The FCC recognized that the Telecommunications Program, which generally pays for older "legacy services," may be heavily relied upon in very remote communities but thought that many health care providers would migrate to the new Healthcare Connect Fund because they could purchase higher bandwidth services at a lower out-of-pocket cost.

Has the FCC begun the assessment of the Rural Health Care Telecommunications Program that it talked about in 2012 and, if not, does it plan to do so in the near future?

RESPONSE:

At this time, the Healthcare Connect Fund is still in its infancy, with funding only having been made available to new applicants starting on January 1, 2014. The FCC does not have any near-term plans to reform the Telecommunications Program, as some more time will be needed to assess how the Healthcare Connect Fund is progressing. Thereafter, a decision can be made about any possible reforms to the Telecommunications Program.

Senator Roy Blunt
Written Questions for the Record to
Dr. Gibbons
"Advancing Telehealth through Connectivity"
Senate Committee on Commerce, Science, and Transportation

Question 1: What are some of the barriers that telehealth programs have in expanding services, and what are you doing to alleviate these issues?

RESPONSE:

Barriers to telehealth programs vary widely depending on the nature and scope of the services at issue. For example, telemedicine involves using telecommunications technologies to support the delivery of medical, diagnostic and treatment-related services usually by doctors. Telehealth includes a wider variety of remote healthcare services beyond the doctor-patient relationship, including services provided by nurses, pharmacists, paramedics or social workers, for example, who may leverage technology to assist with patient health education, social support and medication adherence, and to promote preventive approaches that obviate acute or chronic illness.

The Commission, through the Connect2Health[FCC] Task Force, is working to engage a broad cross-section of stakeholders to better understand both the barriers and opportunities related to the deployment and/or utilization of broadband-enabled health tools and services. Thus far, several perceived barriers have been reported: (i) lack of availability and affordability of broadband in rural and underserved areas; (ii) lack of consumer awareness of the potential value of broadband-enabled tools and devices in health; (iii) lack of technical expertise to deploy and maintain advanced technology solutions; (iv) inadequate healthcare provider reimbursement for telehealth services; and (v) lack of interoperability of telehealth tools across vendors and healthcare systems.

The Commission remains committed to addressing potential connectivity barriers through its universal service programs, including the Rural Health Care support mechanism which provides funding to eligible health care providers for telecommunications and broadband services necessary for the provision of health care. In addition, a critical part of the Connect2Health[FCC] Task Force stakeholder engagement strategy includes not only an assessment of potential barriers to telehealth services, but also a solicitation of actionable strategies and solutions to any identified barriers. We believe that innovative approaches are underway across the country and that bringing those solutions to light, including lessons learned and best practices, could help advance telehealth nationwide. The Commission is also working closely with other relevant federal agencies in this effort. Most recently, the Commission and Food and Drug Administration co-sponsored a well-attended workshop on promoting the safe co-existence of wireless medical devices, which are often part of telehealth strategies and services. Finally, the Commission is aware that other government agencies and stakeholders at both the federal and state levels are pursuing the reimbursement and interoperability issues.

Senator Dan Sullivan
Written Questions for the Record to
Dr. Gibbons
"Advancing Telehealth through Connectivity"
Senate Committee on Commerce, Science, and Transportation

Question 1: As Senator Wicker announced, there are plans to introduce a new version of the Telehealth Enhancement Act. How can we improve the Rural Healthcare program of the Universal Service Fund through legislation?

Are you familiar with the Telehealth Enhancement Act introduced last Congress? If so, what are your thoughts on it, and how do you think we can improve upon it?

 RESPONSE:

While the FCC typically does not endorse or take official positions about specific pieces of legislation, to the extent it is useful, my colleagues in the Wireline Competition Bureau are happy to work with your staff and provide any technical assistance you may request as the bill moves forward in the legislative process.

Question 2: In Alaska, telehealth is hugely important, as it is the primary way many people in rural areas are able to receive healthcare. Some of our health facilities have reported interoperability problems with telehealth software and electronic health records (EHR) software. In addition to the problems caused by this lack of integration, we are also missing out on potential benefits of having fully integrated systems. Have you seen this interoperability problem in other areas of the country? If so, are there possible solutions to the problem?

RESPONSE:

The Commission defers to the Office of the National Coordinator for Health IT, which is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. As a clinician, I am aware that software interoperability problems involving Electronic Medical Record systems have been reported across the country. My understanding is that the problem is caused, in part, by EMR and telehealth vendors who each develop their products using proprietary processes and standards. Industry-wide health IT development standards or protocols would help to substantially reduce and or totally eliminate this problem.