

## MINUTES OF THE HOUSE VISION 2020 COMMITTEE

The meeting was called to order by Chairperson Tom Sloan at 9:00 am on Monday, January 26, 2015, 218-N of the Capitol.

All members were present

Committee staff present:

Scott Abbott, Office of Revisor of Statutes  
Iraida Orr, Legislative Research Department  
Natalie Teemer-Washington, Legislative Research Department  
Mary Koles, Kansas Legislative Committee Assistant  
Renae Jefferies, Office of Revisor of Statutes

Conferees appearing before the Committee:

Roger Cady, MD, Director of Headache Care Center, Director of Clinvest, and Founder of the Primary Care Network, Springfield, Missouri  
Karl Ulrich, MD, Chief Operating Officer, Via Christi Health  
Tom Bell, President and Chief Executive Officer, Kansas Hospital Association  
Eve-Lynn Nelson, PhD, Professor of Pediatrics and Telemedicine, University of Kansas Medical Center

Others in attendance:

[See Attached List](#)

Chairman Sloan called for bill introductions. There were none.

### **Informational briefing:**

Roger Cady, MD, Director of Headache Care Center, Director of Clinvest, and Founder of the Primary Care Network, Springfield, Missouri, commented on the fundamentals of healthcare, the pyramid of healthcare delivery (primary, secondary, and tertiary healthcare delivery), challenges for rural healthcare and the role of technology in healthcare. Technology, he stated, has the potential to dramatically advance healthcare. Tele-medicine, for example, helps eliminate barriers and improve access to medical services not available in rural areas. Despite challenges (legal/ethical), services have doubled in the last three (3) years.

Cady introduced a novel option - eMentor U - physician to physician education. This online portal provides patients and rural physicians access to specialists with the expectation of improved patient outcomes. Utilizing a hypothetical rural primary care doctor and his COPD Medicaid patient and a specialist miles away, problems are solved, unnecessary testing and ER visits are reduced, independent living is encouraged, and the primary care provider's skills are enhanced. Using the eMentor Program, Cady projects a 10% savings per COPD patient and mentions several proven models of video conferencing. ([Attachment 1](#)) Following Cady's testimony, questions were asked by Representatives Francis and Campbell.

## CONTINUATION SHEET

MINUTES of the Committee on Vision 2020 at 9:00 am on Monday, January 26, 2015, 218-N of the Capitol.

### **Informational briefing:**

Karl Ulrich, MD, Chief Operating Officer, Via Christi Health, testified both as a physician and an experienced health care leader. He stated that both he and his Via Christi physician colleagues support expanding KanCare because it would provide the best possible health care to more than 169,000 additional Kansan. Nearly 100,000 of these individuals are "working poor" and make too much to be eligible for Medicaid.

Ulrich stated that Via Christi's experience with a patient-centered medical home pilot project shows that providing access to primary health care saves money and improves medical outcomes. Some type of insurance, however, is needed for individuals to have the basic health care provided by systems like Via Christi. He reviewed what is known about potentially expanding KanCare and noted that reimbursement cuts to Kansas hospitals would total \$1.3 billion over the next ten years and \$250 million to Via Christi operations.

Jeff Korsmo, President and Chief Executive Officer, Via Christi Health, reported the economic losses and gains for Kansas by not expanding and expanding KanCare. In 2014, Kansas lost over \$367 million in federal funding but KanCare 2.0 would increase federal funding by \$2.2 billion between 2016 and 2020 and could produce more than 3,700 jobs by 2020. He commented about the impact expansion and non-expansion would have on Via Christi Health. He noted that "the best reason to expand KanCare is the 169,000 people who would be helped by having access to basic health care."

He concluded his remarks disclosing that "The Kansas Hospital Association, Via Christi and other Kansas health care systems are partnering with the state and other key stakeholders in developing a plan to expand KanCare" to meet our State's needs. ([Attachment 2](#))

### **Informational briefing:**

Tom Bell, President and Chief Executive Officer, Kansas Hospital Association (KHA), reviewed KanCare Expansion: it is voluntary; the federal share for new eligible individuals is 100% until 2016, then decreases; Medicare cuts will occur. States choosing not to expand Medicaid will leave millions of low-income adults without affordable options.

KanCare, he said, was designed to create more responsible consumers. Bell addressed the economic effects of expansion, the increase in jobs and net State savings. He discussed KHA's core principles and noted potential key policy provisions like premium assistance, incentives for healthy behaviors and participation in adult education, and initiatives for health delivery reforms. With dedicated funding source/s, he noted, this it would pay for itself. ([Attachment 3](#)) Following Bells remarks, questions were asked by Chairman Sloan and Representatives Swanson, Rooker, Bollier, brief discussions ensued.

### **Informational briefing:**

Eve-Lynn Nelson, PhD, Professor of Pediatrics and Telemedicine, University of Kansas Medical Center, focused on real-time videoconferencing to deliver services. Nelson sees children and families

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Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

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who would have to drive hours to receive services or go without specialty care. Technology, she knows, has opened doors for collaboration between patients, families, schools and the community in caring for a child. She reported that KU's experience is similar to the national experience in terms of high satisfaction and promising outcomes.

She mentioned some of the specialties the Center offered last year, teleautism and telewound care. Statewide projects include a growing Telestroke program and a new telecardiology program. She and her cohorts believe this is just the beginning of rapid advancement in the field.

One ongoing telehealth challenge is uniform insurance coverage. Medicare, medicaid and some private insurers reimburse for telemedicine. Changes in telehealth benefits can be confusing. Over twenty (20) states have parity for telehealth services.

The KU Center for Telemedicine and Telehealth supports efforts to increase access and clarity to services for Kansans in their communities. Currently the Center is evaluating several home-based approaches that support patients in their own homes. Nelson also noted that new educational approaches with telehealth technologies are on the horizon, approaches such as Project ECHO. [\(Attachment 4\)](#) Following Dr. Nelson's presentation, Representative Curtis asked several questions.

Chairman Sloan thanked the conferees for their presentations.

The meeting adjourned at 10:25 a.m..  
The next meeting will be Wednesday, January 28, 2015.