

Serena Stutzman, MSN, RN, APRN, FNP-BC, CPHQ  
Vice President, Volunteer Lobbyist KSNA

Regarding informational briefing on rural health, reimbursement, and tele-health technologies on January 14<sup>th</sup>, 2015.

Thank you for acknowledging nurses role and interest in these topics and extending the invitation to share today. KSNA supports efforts to increase access to healthcare by Kansans. While we know as well as the legislature that healthcare is multi-faceted, this testimony will focus on the issues of Tele-health.

Kansas is a rural state, with many living a distance from a healthcare provider. The issue isn't just access to a primary care provider, but specialists, home health, and in some instances, hospitals. Continued diminished access to high quality healthcare is of great concern to not only nurses and other healthcare providers, but patients, caregivers, and I'm sure to all legislatures as well.

Not only is access an issue, but cost is an issue; cost, not just related to the actual healthcare, but in accessing healthcare. The cost to patients to take off extended time from work to travel to receive the healthcare and cost in travel expenses are areas of cost that many people struggle with. These costs are frequently not only incurred by the patient, but by caregivers.

As the landscape of healthcare continues to evolve and resources continue to be stretched, it becomes imperative to look for novel healthcare models and to evolve existing healthcare models in more efficient ways. In the midst of innovation, it's also important to keep high quality, patient-centered care at the forefront of policy creation.

Tele-health has been around, more formerly, for some time and has continued to grow and expand as technology changes.

Nursing supports Kansas's efforts to develop Tele-health initiatives as a means to increase access to healthcare, particularly in rural Kansas. And while rural Kansans' access to healthcare is of discussion today, it's important to point out that Tele-health has a place in other settings as well.

The roles in which nursing should be involved in Tele-health are many, but I would like to highlight just a few now:

- Healthcare informatics specialists: There are robust educational tracks across Kansas in informatics, including the Masters and Doctoral Levels, that prepare nurses as experts on clinical technology, including: electronic health records, required and mandated regulations surrounding technology, and incorporating quality measures into technology.
- Quality specialists: These nurses are experts in clinical documentation, coding, performance-based metrics such as HEDIS, and regulatory requirements. They ensure that agencies and organizations are utilizing

technology in a manner consistent with the highest quality expectations and ensure compliance.

- As Tele-presenter: Are the “live” component of a Tele-health visit. They are experts at several functions that include, but certainly aren’t limited to, performing needed hands-on tasks, managing equipment, and assisting with patient education.
- Advanced Practice Registered Nurses serve as healthcare providers, seeing patients “live” and through Tele-health technology, evaluating, examining, and managing patients.
- Nurses serve as experts for policymakers to ensure Tele-health initiatives are fully evaluated and assist with implementation.

While the benefits are many, it is imperative that we also evaluate potential areas of concerns around quality, licensure and legal, HIPAA, emergencies, continuity of care, and technology failure.

- Quality: as use of Tele-health grows, it is important that quality not be sacrificed in the name of convenience. Current quality measures and standards should be incorporated into organizational policies and procedures surrounding Tele-health and quality issues should be identified that are unique to the Tele-health setting so appropriate interventions and standards can be created. For example, standards should be considered around how frequently a patient has a traditional, live visit for healthcare that is being augmented with Tele-health technology.
- Licensure/legal: this area has caused some concerns. Questions arise as to, if multi-state visits occur, where the healthcare provider should hold licensure? If an issue arises, which state has the responsibility to investigate? Nursing would advocate providers should hold licenses in the state in which they are physically working, and strong consideration be given for dual-licensure if other states use their service. Nursing will continue to monitor these issues.
- HIPAA: is typically covered under quality, but I wanted to discuss it separately to say that there are state and federal regulations surrounding HIPAA, and many organizations have already included concepts of Tele-health in their agreements.
- Emergency referrals: Agencies and organizations need to ensure there is a plan in place for emergency referrals. Who makes the referral? Based on what criteria? What are perimeters for EMS vs. personal transport? By who is the referral documented and where is it documented? Who reviews?
- Continuity of Care is a concept I referred to the example of new quality measures. Ensuring an established relationship between a patient and healthcare provider remains challenging, but with standards, can be done.
- Technology failure: In my setting, we call these “offline events”. This is not only frustrating, but could be potentially dangerous. Incorporating redundancies into technical requirements for Tele-health technology is a first step. It is important to have procedures in place in the event of being “offline”. Will the patient need to be re-scheduled? Is that appropriate, why were they being seen? How is the patient notified, who has that responsibility? How is the provider notified? The Tele-presenter will most

likely own a large portion of these issues, but clear expectations need to be articulated.

Nursing welcomes the endless possibilities of Tele-health and the advances to accessible healthcare it affords us. We are also excited at the opportunities to ensure high quality healthcare in the face of new technology and look forward to working with the legislature and policy makers moving forward. I know that Medicaid and the VA, among others, have completed some work on this and am pleased that Kansas is looking to be a benchmark for the future of Tele-health

Thank you for your time

Sincerely,  
Serena Stutzman