

Testimony from
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Good morning Chairman Sloan, members of the committee. My name is Eve-Lynn Nelson and I am a Professor in Telemedicine & Pediatrics at the University of Kansas Medical Center. I want to emphasize that the perspectives in this testimony represent the views of the Center for Telemedicine and Telehealth and do not represent the official policy of the University of Kansas Medical Center or the views of university administration. My focus today is on real-time videoconferencing to deliver services; I believe others may address home monitoring and other important telehealth topics.

As you may recall from Dr. Spaulding's previous briefings, the Center for Telemedicine & Telehealth has been active in telemedicine in Kansas for over 20 years, not only providing telemedicine services but also conducting research and serving as a telehealth resource for stakeholders in Kansas, other states and even other countries. In my own telemedicine practice, I see children and families who otherwise would go without specialty care or have to drive hours to receive services, missing school and work. The technology has opened doors for close collaboration between patients, families, schools, and other community members in caring for the child. Our experience mirror national results reflecting both high satisfaction and promising outcomes.

Last year the Center provided clinical telehealth services to patients and family members from across the state from numerous specialties, from teleautism to telewoundcare. Innovative statewide projects include a growing Telestroke program and an exciting new telecardiology program. Other sites across the state are looking at creative approaches to meet urgent care needs. In short, there are many telehealth activities taking place in Kansas and growing interest and creativity in videoconferencing technologies. We truly believe that this is just the beginning of a more rapid advancement of the field, partly driven by the ability of telemedicine to provide health care access and to help address health professional shortages, while also providing economic benefits to patients and community hospitals.

One ongoing telehealth challenge is uniform insurance coverage for telemedicine. Medicare, Medicaid and some private insurers reimburse for telemedicine. However, not all insurers cover telehealth and sometimes the policies are not clear. Changes in telehealth benefits are often difficult for providers and patients to keep up. This makes it confusing for providers and patients to engage in telehealth.

Over 20 states have adopted parity for telehealth to decrease confusion. This means telehealth-provided services are covered to the same extent—and in a similar manner—as in-person services. The experience of these states continues to suggest that insurance coverage for telemedicine is not a driver of telemedicine activity, but lack of coverage can certainly be a barrier. Thus, the KU Center for Telemedicine and Telehealth supports efforts that increase access and clarity to telehealth services for Kansans in their home communities. Related, we're evaluating several home-based televideo approaches and continue to be interested in how to support patients right in their own homes.

Finally, new educational approaches with telehealth technologies are also on the horizon, including tementoring approaches such as Project ECHO. Thank you for the opportunity to address the committee, I'll be pleased to answer any questions.