

Approved: February 23, 1999
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 1 in Room 313-S of the Capitol.

All members were present except: Representative Gerald Geringer, Excused

Committee staff present: Kathy Sparks, Kansas Legislative Research
June Evans, Secretary

Conferees appearing before the committee: Gary Doolittle, M.D., Director, Telemedicine Services,
University of Kansas Medical Center
Pam Shaw, M.D., Associate Professor, Pediatrics
Pam Harris, R.N., USD 500, Telemedicine Coordinator

Others attending: See Attached List

The Chairperson announced the meeting February 3 would be held in Room 423-S and on February 4 and 5 would meet at the Dillon House.

Dr. Gary Doolittle, Director, Telemedicine Services, University of Kansas Medical Center introduced Dr. Shaw and Pam Harris, R.N. Dr. Doolittle gave a slide and video presentation on Tele-Kid Care: Bringing Health Care into Schools. Telemedicine is the use of telecommunications technology to provide clinical and educational services over a distance. Why Telemedicine in Kansas? There is a rural need between patients and practitioners, technological advancements, advanced telecommunications infrastructure and it is financially feasible. Diagnosis and treatment can be made at a distance. Telemedicine was proposed in Kansas in 1988, telecommunication infrastructure in 1990, First Link between KUMC and Hays AHEC in 1991, Initiation of Clinical Activity in 1993, Creation of Telemedicine Program in 1995, Expansion of Services in 1997 and Tele-KidCare began in 1998. There are currently 30 telemedicine sites in Kansas. Telemedicine is used in rural hospitals, community mental health centers, jail systems, home health care, hospice care and schools. Broad clinical services are available through telemedicine, i.e., pediatric cardiology, neurology, adult cardiology, psychiatry, adult/child, rheumatology, dermatology, oncology, pain management, gastroenterology, allergy/immunology, urology, plastic surgery, pediatrics and hematology.

Continuing education, community service and hospital inservice are part of the educational services via the interactive video.

The Kansas University Telemedicine Program is the 4th most active site in the United States and selected as TOP 10 program.

The Tele-KidCare Project Development program are collaborative organizations between the University of Kansas Medical Center and USD 500 Schools, Kansas City, Kansas. The provider teams are KUMC, Department of Pediatrics and USD 500 school nurses. Tele-KidCare is needed because these children have difficulty accessing health services; some lack health insurance. There are 60,000 uninsured children and others have limited coverage. Sick children are unable to learn. The Tele-KidCare Project Goals are to increase access to care to the urban underserved, promote health, improve functional status, contain costs, emphasize prevention and early detection, improve service quality, and be a pilot template for rural, urban served and international areas. The cost is \$18,000 per site plus a phone line.

Health care is delivered in the schools through the school nurses by connecting health care professionals, using a digital image and PC based system, with peripherals. The pediatrician can make a diagnosis and prescribe medication. This is much easier for the parents as some don't drive or are at work and unable to take their children to a physician. (See Attachments #1 & 2)

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 1, 1999.

Representative Boston moved and Representative Showalter seconded to introduce a bill that would allow raising the fees for hearing aid examinations. The motion carried.

The meeting adjourned at 2:45 p.m. and the next meeting will be February 2, 1999.

HUMAN AND HEALTH SERVICES

DATE February 1, 1999

NAME	REPRESENTING
Tom Bunt	
Donetta Birzer	
Cammira Jisk	
Tab Zuk	
Gacey Farmer	KASB
Martha Penn	KU
Debby Fleming	Federico Consulting
Meg D Hill	Federico Consulting
John P. Amil	
Derek A. Blylock	Intern for Teresa Sittenauer
Charisse Powell	Kansas Bar Association
Doreen J. Miller	Stromont Yagel School of Rehabilitation
Paul Wilson	KABE
Charles Simmons	Dept. of Corrections
Doug Krvin	OIA
Chris Mechler	Kansas Assoc of Court Services Officers
Kurtly Punter	OIA
Bar Jones	KSC
Kevin A. Ash	
Bill Kemp	KS Government Consulting
James Clark	KCDA

Tele-KidCare™: Bringing Health Care into Schools

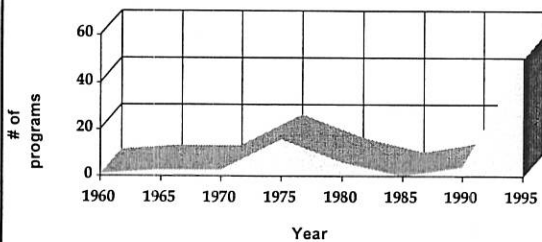
- Gary C. Doolittle, MD
–Director, KUTM
- Pam Shaw, MD
–Assoc. Professor, Pediatrics
- Pam Harris, RN
–USD 500, Telemedicine Coordinator
- David Cook, Ph.D. Cand.
–Assistant Director, KUTM

Tele-KidCare™ Presentation Overview

- Telemedicine in Kansas
- Technology
- The Need in Wyandotte County Schools
- Tele-KidCare™ Project Development
- Case Studies
- Lessons Learned

Telemedicine Activity

ITV programs - N. America



Source: Telemedicine Today

HHS¹
2-1-99
Atch#1

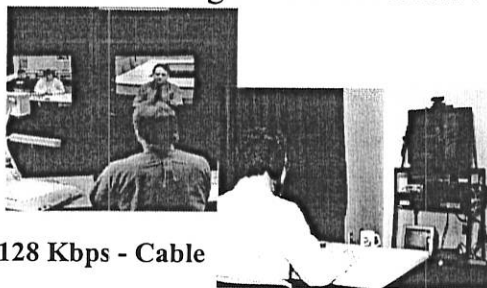
Telemedicine Defined

The use of telecommunications technology to provide clinical and educational services over a distance

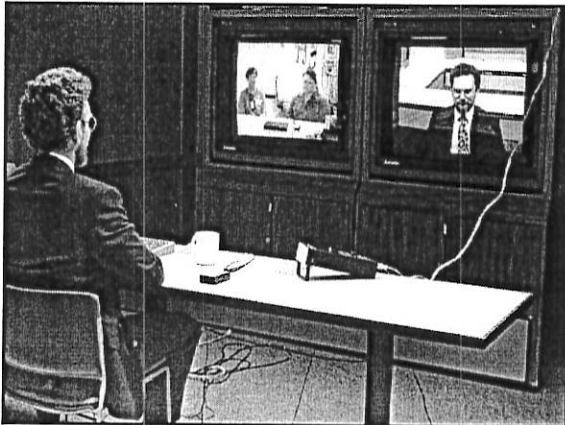
Why Telemedicine in Kansas?

- Rural Need
 - Patients/ Practitioners
- Technological advancements
- Advanced Telecommunications Infrastructure
- Financially Feasible

Diagnosis at a Distance



128 Kbps - Cable



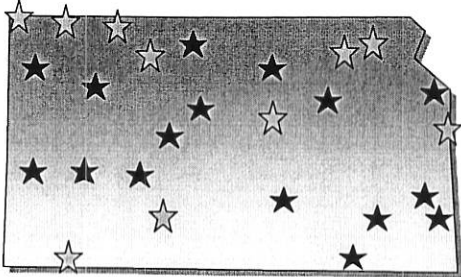
Telemedicine in Kansas

- 1988 Proposal
- 1990 Telecommunication Infrastructure
- 1991 First Link between KUMC and Hays AHEC
- 1993 Initiation of Clinical Activity
- 1995 Creation of *Telemedicine Program*
- 1997 Expansion of Services
- 1998 Tele-KidCare™

**Telemedicine in Kansas
1991**

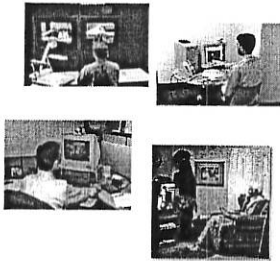
Hays AHEC Kansas City

Telemedicine in Kansas CURRENT SITES



Telemedicine Contexts

- Rural Hospitals
- Community Mental Health Centers
- Jail Systems
- Home Health Care
- Hospice Care
- Schools



Broad Clinical Services

- Pediatric Cardiology
- Neurology
- Adult Cardiology
- Psychiatry: Adult / Child
- Rheumatology
- Dermatology
- Oncology
- Pain Management
- Gastroenterology
- Allergy / Immunology
- Urology
- Plastic Surgery
- Pediatrics
- Hematology

**Educational Services via
Interactive Video**

Continuing Education
Community Service
Hospital Inservice



KUTM Program

- 4th most active site in the United States
- "Multi-Specialty" care approach
- Selected as TOP 10 program
- Innovative contexts
- Innovative technologies

**Tele-KidCare™ Project
Development**

- Collaborative Organizations:
 - University of Kansas Medical Center
 - USD 500 Schools, Kansas City, KS
- Provider Teams:
 - KUMC, Department of Pediatrics
 - USD 500 School Nurses
- Service Infrastructure:
 - KUMC TeleMedicine Services

Why Tele-KidCare™?

- Difficulties accessing health services
- Lack of health insurance
 - 60,000 uninsured children
 - limited coverage
- Sick children are unable to learn!

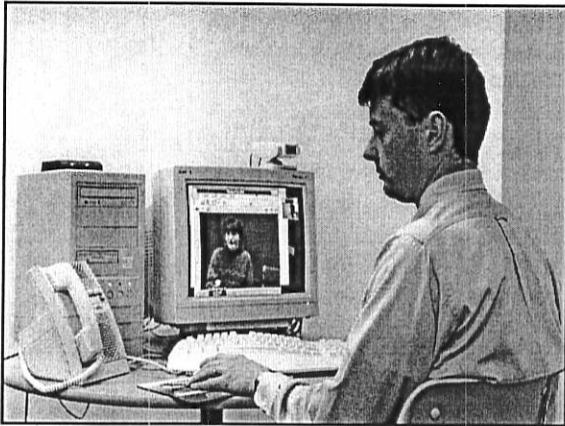
Tele-KidCare™ Project Goals:

- Increase access to care--urban underserved
- Promote health
- Improve functional status
- Contain costs
- Emphasize prevention and early detection
- Improve service quality
- Pilot template for other contexts:
 - rural, urban served, international

Selecting the Technology

- Cost issues
- Space constraints
- Usability
- Bandwidth considerations
- Technician support
- Peripheral devices:
 - stethoscope
 - otoscope





Tele-KidCare™ Business Plan

- Initial Funding:
 - USD 500--purchased units for schools
 - KUMC--provided units for pediatricians
 - Pediatricians waived professional fees
- Expenses
 - equipment
 - telecommunication linkages
 - personnel--service/evaluation

Tele-KidCare™ Consult Procedure:

- Initial nurse assessment and triage
- Parent notified/consent confirmed
- Telemedicine visit scheduled
- CLIA waved tests per protocol if needed
- Fax: demographic/medical data
- Physician reviews data prior to tele-visit

Tele-KidCare™ Consults:

- Tele-visit similar to “in person”
- Nurse directs
 - camera, peripheral devices
- Diagnosis: history, exam, labs
- Prescription called
- Disposition
 - home care protocol
 - referral /follow up

Tele-KidCare™ Team

- School Nurse:
 - role of the school nurse
 - role shifting: nurse/physician
 - paradigm shift: school as a site of care
- Physicians:
 - different way of providing services
 - dependence upon the team

**Launching the Tele-KidCare™
Project**

- First consult: February, 1998
- Hispanic child
- Consent in Spanish
- Interpreter used
- Ear infection, antibiotic prescribed
- Discharge instructions, faxed to school nurse

Tele-KidCare™ Project

- 187 consults during pilot
- average age, gender
- 85% consults occur on the day of request
- duration of consult: less than 30 minutes
- equipment reliability--excellent

**Tele-KidCare™
Diagnostic Categories**

- ENT
- Physical
- Dermatology
- Upper Respiratory
- Behavioral
- Misc.

Tele-KidCare™ Case Studies

- New murmur
- Burn
- Draining sores on the scalp
- Anxiety disorder, learning disability

TeleKidCare™ Case Studies: Behavioral Health

- Need expressed by school principals, teachers and nurses
- Experienced Tele-Child Psychiatrist
- 40 Behavioral Consults to Date
- Team Approach:
 - parents, teachers, nurse

Tele-KidCare™ Update

- Findings consistent with Pilot Study
- Almost 400 consults
- Status of equipment
- No major equipment problems
- Wide Community and National Interest

1-11

Tele-KidCare™ Lessons Learned

- Telemedicine effectively provides access to an underserved urban population
- Tele-KidCare™ quickly adopted
- Technology becomes secondary
- To begin, expect a significant investment in time

Tele-KidCare™ Lessons Learned

- Organizational infrastructure essential
- Changing role of the school nurse
- Dedicated Staff
 - physician
 - nurses
 - telemedicine coordinator

Tele-KidCare™ 1999: Expansion of Services

- Six additional schools
- Grant funding
- Clinical services
 - expansion of practitioners
 - additional nurses trained
 - addressing other needs
- Educational services

TeleKidCare™ for Rural Kansans

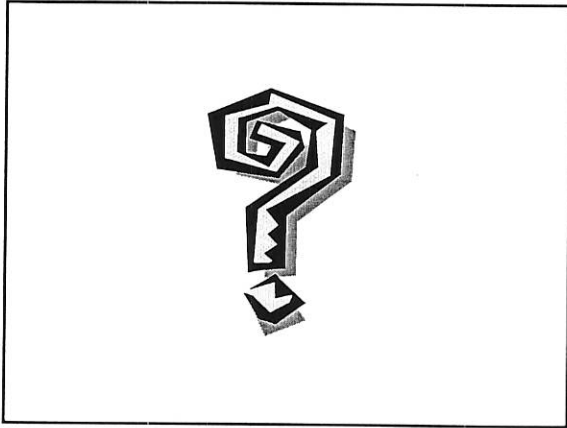
- KUMC Budget Proposal: 255,000
- Equipment for 10 sites
 - computer, software, stethoscope, otoscope
- Funding for Project Coordinator
- Providers--identification of health care team
 - physicians, nurses, psychologists
- Services--dictated by the local need

Tele-KidCare™ What about the future?

- Funding
- Reimbursement
 - physician consultant, school nurse
- Increase the provider pool
- Expansion of services
 - more schools--urban, rural
 - new services

Tele-KidCare™ Research

- Cost
- Tracking
 - Reimbursement
- Outcomes
- absenteeism
 - access
- Acceptance/Satisfaction
- Patient/Parent/Provider



SHS
1-99
Hitch#2



Benefits of TELE-KIDCARESM

- TELE-KIDCARESM allows a doctor to diagnose children while in school. This can speed up the healing process and decrease the time students are away from school.
- By providing access to doctors, TELE-KIDCARESM gives schools and parents flexibility and ease in providing quality health care.
- TELE-KIDCARESM will increase access to health care services, helping kids stay healthy!

University of Kansas Medical Center

Telemedicine Services

Gary Doolittle, MD
Director

David Cook
Assistant Director

Lori Wade
Senior Coordinator

Tina Hawk-Trenshaw
Scheduling Coordinator
(913) 588-2225



TELE-KIDCARESM



TELE-KIDCARESM allows
children access to health
care services from school.



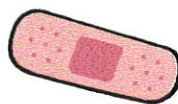
WHAT IS TELE-KIDCARESM?

TELE-KIDCARESM (otherwise known as telemedicine) is an exciting new project at your school. Using computers and some special equipment, your child can visit a doctor without leaving the school nurse's office.

WHAT CAN THE DOCTOR DO FOR MY CHILD WITH TELE-KIDCARESM?

TELE-KIDCARESM is, in its simplest form, two computers linked together allowing a physician and child to see and hear each other. Doctors can actually diagnose ear infections, strep throat, or asthma in your child. The doctor may look at rashes to see if it's something that is contagious, or if it's just dry, itchy skin.

TELE-KIDCARESM also provides a way for children to see a behavioral specialist or a child psychiatrist to diagnose problems like ADHD, or depression. If your child currently takes medication, the doctor can look at how well it may be working and may make appropriate changes if needed.



TELE-KIDCARESM will let all of these things happen quickly, so you and your child do not have to wait days or weeks to receive health services needed to stay in school.

TELE-KIDCARESM's purpose is to help kids get healthy faster, so they can be in school doing what they should be doing... **LEARNING!**

TELE-KIDCARESM LET'S YOUR CHILD VISIT THE DOCTOR FROM THE SCHOOL NURSE'S OFFICE.

So, how can your child see a **TELE-KIDCARESM** doctor while at school?

If your child becomes ill at school and goes to the nurse's office, the school nurse will see your child just as she always has. If the nurse thinks your child needs to see a doctor, she will arrange a visit through **TELE-KIDCARESM**.

The school nurse will be present to explain your child's problems to the doctor, and will call to invite you to attend the doctor's visit if you wish. Using telemedicine technology, your child will have an "electronic" visit to a doctor, never leaving the school nurse's office!



22