

Approved: 1-26-99
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on January 20, 1999 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Norman Furse, Revisor of Statutes
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

John Kiefhaber, Kansas Health Care Association
Gary C. Doolittle, MD, Director, KUMC Telemedicine
Pam Harris, RN, USD 500, Kansas City, Kansas
Pam Shaw, MD, Associate Professor, Pediatrics, KUMC

Others attending: See attached list

Introduction of bills

John Kiefhaber, Kansas Health Care Association, requested introduction of a bill regarding quality enhancement/wage pass-through program for direct care staff and other support staff working in Kansas Medicaid certified nursing facilities. (Attachment 1) Senator Becker made a motion that the Committee introduce the proposed legislation, seconded by Senator Steineger. The motion carried.

The Chair requested introduction of eight bills that were recommended for introduction by the Health Care Reform Legislative Oversight Committee regarding exempt licensees of the State Board of Nursing, Emergency medical services trauma board, Healing Arts pain management, deletion of reference to "psycho surgery" in statutes, elimination of school health assessments sunset provision, off-label use of prescription drugs, extending the expiration date of the Health Care Reform Legislative Oversight Committee and creation of a division of professional regulation. (Attachment 2) Senator Becker made a motion that the Committee introduce the proposed legislation, seconded by Senator Jones. The motion carried.

Telemedicine in the Schools

Gary C. Doolittle, MD, Director of KUMC Telemedicine, briefed the Committee on the Medical Center's first school-based telemedicine program called "Tele-KidCare." Assisting Dr. Doolittle with the presentation were Pam Shaw, MD, Associate Professor, Pediatrics KUMC, and Pam Harris, RN, USD 500. Tele-KidCare links four Kansas City, Kansas elementary schools with KU Medical Center via computer technology. Dr. Doolittle pointed out that children who might not otherwise have access to health care can see and be diagnosed by a physician or receive a physical without missing much time in class. The first examination of a child took place February 19, 1998, at Parson Elementary school in Kansas City, Kansas, when a student went to see the school nurse with an earache. Telemedicine visits are treated just as on-site visits to a doctor's office. The parents can be present, and the physician assumes responsibility for follow-up visits and for referrals and maintaining medical records and billing. Unlike the telemedicine system that first linked KUMC to Hays Area Health Education Center in rural Kansas that required its own room and fiber-optic lines, Tele-KidCare telemedicine requires little more than a personal computer equipped with a small video camera and software that transmits real-time imaged used for diagnoses. Plans are currently underway for telemedicine to be placed in six other schools in the Kansas City area, one of which will be in a high school. It was noted that the Governor has proposed ten additional telemedicine locations for Kansas in his state of the state message. Material was also distributed to the Committee outlining Telemedicine activity in Kansas from its early beginning to the present. (Attachment 3)

Adjournment

The meeting was adjourned at 11:00 a.m.
The next meeting date is scheduled for January 21, 1999.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 1-20-99

NAME	REPRESENTING
Carolyn Medendorp	KSWA
David Lake	Bl. Cnty CC & EMS
Ralph Clausen	SKEMS
Stacy Soldan	Hein & Weis Chd
Uyima Stan	Fedview Consulting
Ken Meyer	KSWO
Joyce Markendorf	KDHE
Kent Galby	McBull, Gaches & Associates
Valarie Jones	Senman Jones
LuB	KHCA
Marlin Rein	KU
John Kieffhaber	Ks. Health Care Assn.
LARRY FISCHER	MEDICAL LOGS INC
Andrew KRAM	KASW
Tom Bell	KHCA
Diane Gjerstad	Wichita Public Schools



Issue

JANUARY 1999

KANSAS HEALTH CARE ASSOCIATION PROPOSED

Quality Enhancement/Wage Pass-through

Because staff turnover has been identified by government and industry as the most critical impediment to continually increasing quality of care, and because of continued concern in the public and the Kansas Legislature about the quality of care in Kansas nursing facilities, The Kansas Health Care Association is proposing a Quality Enhancement/Wage Pass-through program for direct care staff and other support staff working in Kansas Medicaid certified nursing facilities.

The Quality Enhancement/Wage Pass-through proposal for Kansas nursing facilities is designed to do the following:

- promote increased investment by the industry in training and development of direct care staff and other support staff;
- create the position of Hydration and Nutrition Aide to assist facility staff in the provision of quality care;
- create a joint industry/state government investment in wage and/or benefit increases for direct care staff and other support staff, or to hire additional direct care staff and other support staff, of up to \$4.00 per Medicaid day;
- provide for savings to the Medicaid program through a reduction in the use of expensive temporary agency nursing staff (currently costing the Medicaid program over \$3.5 million per year) and a reduction of the use of Medicaid instead of private health care insurance by single mothers working in nursing facilities.

The Quality Enhancement/Wage Pass-through proposal has been received favorably in concept by the Kansas Association of Homes and Services for the Aging, Kansas Advocates for Better Care, the Kansas Long Term Care Ombudsman, and legislative leaders.



Kansas Health Care Assc
221 S.W. 33rd Street, Topeka, KS 66611 913
Ask Us... About Our Care

Senate Public Health & Welfare
Date: 1-20-99
Attachment No. 1

BILLS RECOMMENDED FOR INTRODUCTION IN THE SENATE BY THE HEALTH
CARE REFORM LEGISLATIVE OVERSIGHT COMMITTEE

1. Exempt licensees of the State Board of Nursing.
2. Emergency medical services trauma board.
3. Healing arts pain management.
4. Deletion of references to "psychosurgery" in statutes.
5. Elimination of school health assessments sunset provision.
6. Off-label use of prescription drugs.
7. Extending the expiration date of the Health Care Reform Legislative Oversight Committee.
8. Creation of a division of professional regulation.

For introduction (By Request of the Health Care Reform Legislative Oversight Committee)

Tele-KidCare™: Bringing Health Care into Schools

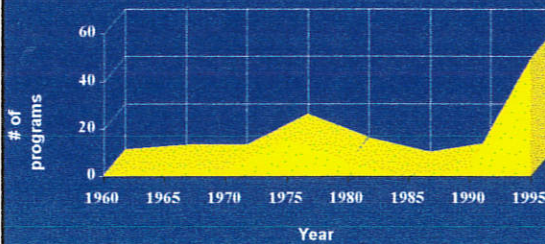
- Gary C. Doolittle, MD
–Director, KUTM
- Pam Shaw, MD
–Assoc. Professor, Pediatrics
- Pam Harris, RN
–USD 500, Telemedicine Coordinator
- David Cook, Ph.D. Cand.
–Assistant Director, KUTM

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

Why Telemedicine in Kansas?

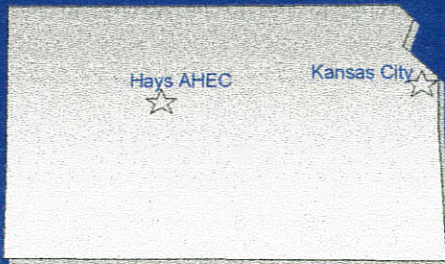
- Rural Need
 - Patients/ Practitioners
- Technological advancements
- Advanced Telecommunications Infrastructure
- Financially Feasible

Telemedicine in Kansas

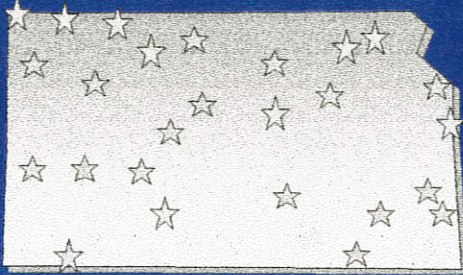
- ☐ 1988 Proposal
- ☐ 1990 Telecommunication Infrastructure
- ☐ 1991 First Link between KUMC and Hays AHEC
- ☐ 1993 Initiation of Clinical Activity
- ☐ 1995 Creation of *Telemedicine Program*
- ☐ 1997 Expansion of Services
- ☐ 1998 Tele-KidCare™

Telemedicine in Kansas

1991




Telemedicine in Kansas CURRENT SITES



Telemedicine Contexts

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



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

Continuing Education

- CME
- CNE
- Allied Health

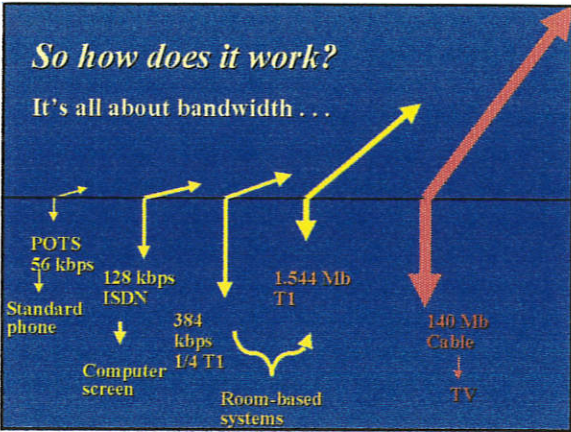
Educational Services

Community Education

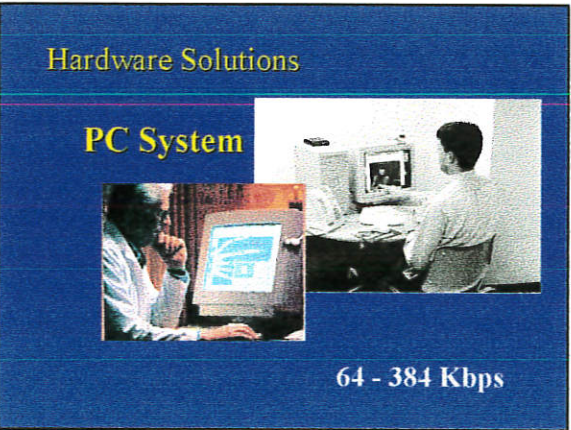
- Diabetes Forum
- Living with Alzheimer's
- "I Can Cope" Series
- Weight Management Series
- The ADHD "Kid"
- Smoking Cessation

KUTM Program

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

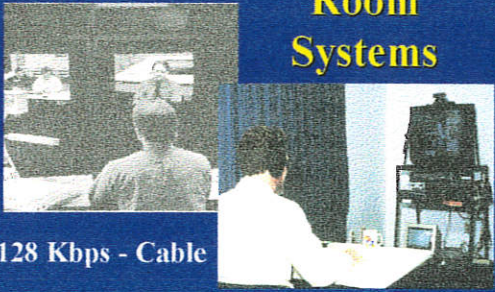






Hardware Solutions

Room Systems



128 Kbps - Cable

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 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

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™ Project:

- Health Care Delivered in Schools:
- connecting health care professionals
 - in real time
 - using a digital image
 - PC based system, with peripherals
 - multiple schools

Tele-KidCare™ Business Plan

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

Tele-KidCare™ Consults:

- Initial nurse assessment and triage
- Parent notified/consent confirmed
- Telemedicine visit scheduled
- CLIA waved tests per protocol
- Faxes 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

Telemedicine Training

<ul style="list-style-type: none">• Nurses:<ul style="list-style-type: none">- role as "case manager"- equipment- peripheral devices- telemedicine triage- physical assessment	<ul style="list-style-type: none">• Physicians:<ul style="list-style-type: none">- team approach- equipment- peripheral devices- "telepresence"
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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

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™ Update

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

Tele-KidCare™
Expansion of Services

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

Tele-KidCare™ Research

Cost

- Tracking
- Reimbursement

Acceptance/Satisfaction

- Patient/Parent/Provider

Tele-KidCare™
What about the future?

- Funding
- Reimbursement
- Increase the provider pool
- Expansion of services
 - more schools--urban, rural
 - different services

