Approved: March 10, 2009
Date

MINUTES OF THE HOUSE VISION 2020 COMMITTEE

The meeting was called to order by Chairman Tom Sloan at 1:30 p.m. on February 9, 2009, in Room 711 of the Docking State Office Building.

All members were present except:
Representative Sean Gatewood- excused
Representative Raj Goyle- excused

Committee staff present:
Art Griggs, Office of the Revisor of Statutes
Scott Wells, Office of the Revisor of Statutes
Corey Carnahan, Kansas Legislative Research Department
Chris Courtwright, Kansas Legislative Research Department
Mary Koles. Committee Assistant

Conferees appearing before the committee:
Kathy Greenlee, Kansas Department on Aging
Janet Cairns, Douglas County Visiting Nurses
Elizabeth Cowboy, MD, Via Christi Health System
Sunee N. Mickle, Blue Cross and Blue Shield of Kansas
Marlee Carpenter, Kansas Association of Health Plans

Others attending:
See attached list.

Kathy Greenlee, Secretary, Kansas Department on Aging, discussed telemedicine and long term care. PowerPoint slides emphasized key points: recent trends, monitoring devices, the marketing angle of maintaining independence, LTC payer options, and the missing link, data supporting desirable outcomes (Attachment 1).

Janet Cairns, RN, BSN, Douglas County Visiting Nurses, Rehabilitation, and Hospice Care, addressed positive outcomes from telemonitoring target populations, challenges encountered, future considerations, and opportunities for the near future (Attachment 2).

Elizabeth Cowboy, MD, FCCP, Medical Director of eCare-ICU, Via Christi Health System, narrated a PowerPoint presentation. She explained Via Christi's eCare-ICU program: the monitoring process at the eCare Center in Wichita, interaction with critical care nurses in remote locations, and use of best care practices. Graphs showed a decline in patient mortality and figures revealed that eCare conserves patient and family financial resources (Attachment 3). Dr. Cowboy offered to share her expertise and experience in this area with interested others.

Sunee N. Mickle, Director, Government Relations, Blue Cross and Blue Shield of Kansas, summarized the telemedicine services BCBSKS covers, described the Healthy Options Care Management Program for members with chronic health conditions, and explained a recently introduced program, "A Healthier You," which is marketed to employer groups (Attachment 4).

Marlee Carpenter, Executive Director, Kansas Association of Health Plans, explained that KAHP members reimburse for telemedicine services but not necessarily for all the same services. The members would like a common definition of telemedicine; a definition developed during discussions with the Kansas Department of Insurance was provided as a starting point for discussion (Attachment 5).

Following the presentations Chairman Sloan opened the meeting for questions from the committee. Questions were asked by Chairman Sloan and Representatives Clay Aurand and Tom Hawk.

Responses were given by the appropriate conferees. Brief discussions ensued.

Chairman Sloan thanked the conferees for their presentations.

Minutes of the House Vision 2020 Committee at 1:30 p.m. on February 9, 2009, in Room 711 of the Docking State Office Building.

The next meeting is scheduled for February 11, 2009.

The meeting was adjourned at 2:45 p.m.

House Vision 2020 Committee Guest List

Date: Monday, Dec. 9, 2009

Name	Representing Client/Authority
Matt Casey	GBA
Bruce Witt	VOLS
Jarrod Forbes	UHG
Leigh Keck	Hein Law Firm
Kyle Kessler	KVC Behavioral Health
Robin Summons	Via Christi eCare 7a
Elizabeth Cowboy MD	Via Christi eCare 7a
Janet Cairns	Douglas County Visiting Nurses Assoc., Inc.
Chris Hollenbeck	KID
DeAnn Escalante	Brewster Place
[illegible]	Brewster Place
Kathy Sneller	KDOA
Barb Conant	KDOA
Susan Mickle	BCBSKS
Connie Hubbard	KAMC
Tom Burgess	KCH
Wade [illegible]	HMK
Chad Austin	KHA
Brad Stauffer	Carter Group
Caleb Ad..	Commun..

page 1 cont. →

House Vision 2020 Committee Guest List

Date: Mon. Feb. 9, 2009

Name	Representing Client/Authority
Jane Carlson	KS OFFICE OF RURAL HLTH
Joe Ewert	KAHSA
Cynthia Smith	SCL Health System
Marla Carpenter	KAHP
Tammy McKinney	Visitor

page 2

Telemedicine and Long Term Care

House Vision 2020 Committee
Feb. 9, 2009
Kathy Greenlee
Secretary of Aging

A Divided World

- For seniors, health care is delivered through the acute care system and long term care system.
- These are very different worlds:
  - Hospitals and doctors' offices
  - Nursing homes and home and community based (HCBS) services.

House Vision 2020
2-9-2009
Attachment 1-1

Marketing Angle

- Concerned family member and seniors themselves are being presented with telehealth options as a way of staying at home longer.
- The marketing is successful because of a real desire to remain independent and prevent nursing home care.
- However, this is a market driven, not data driven approach.

Telemedicine LTC Payor Options

- Medicare
  - Hospitals, doctors, skilled rehab
- Medicaid
  - Remote monitoring
  - Chronic care management
  - Assistive technology
- Long Term Care insurance
  - HCBS Services definitions

Experiments and Outcomes

- From the private market experiments, we need data and outcomes.
- Public sector support may be an option but must be data driven.
- Medicaid is a possible funding source for telemedicine devices, but must be outcome-based.

Things to Consider

- Add long term care services to the conversation and your mental check list.
- Insurance companies are not the main payors in the world of long term care and telemedicine.
  - Medicare, a little
  - Medicaid, a lot
  - Private funds, a lot

Telehealth in the Home Health Setting
Douglas County Visiting Nurses, Rehabilitation, and Hospice Care
Janet Cairns RN BSN
785-843-3738

Statistical Data

- Over 9,000 certified Home Care agencies in the U.S.
- Over 4,500 Hospice agencies
- Numerous private duty agencies
- Over 4 million seniors seen each year in Home Health/Hospice

Chronic Disease Facts

- 90% of Americans over the age of 65 have one or more chronic diseases
- 70% have two or more chronic diseases
- Those with one or more chronic conditions accounts for overwhelming majority of total medical expenses

Statistical and Financial Implications for the Home Care Industry

Chronic Disease	Persons Served	Number of Visits	Cost
Diabetes	295,000	18,191,000	**$2,284,877,000**
Hypertension	138,000	2,878,000	**$358,451,000**
COPD	71,000	1,534,000	**$194,496,000**
CHF	181,000	4,014,000	**$515,913,000**
TOTAL	**685,000**	**26,617,000**	**$3,353,737,000**

(Source: Health Care Financing Review, 2007 Statistical Supplement, Table 7.6, calendar year 2006)

What we are doing in Home Health

- Telemonitoring-target populations are CHF, COPD, HTN, Diabetes
- Allows for DAILY monitoring of vital signs and weight in addition to patient education modules to promote self care and prevention; symptom recognition and treatment (e.g.-hypo/hyperglycemia)
- Telehealth allows collection of trend data which is usually more valuable to physicians when making decisions in patient treatment
- Care is pro-active and has been shown to decrease re-hospitalization and emergency room visits
    - **DCVNA has 14% re-hospitalization rate with those patients using Telemonitors in 2008; this compares to state re-hospitalization rates of 26% and national re-hospitalization rates of 29%**

House Vision 2020
2-9-2009
Attachment 2-1

Where can we go from here?

- Consider reimbursement from primary payors: Medicare and Medicaid with appropriate diagnosis coding and documentation to indicate need
- Consider reimbursement under HCBS waiver-frail elderly and physically disabled
- Impose agency accountability if agency is being reimbursed for telehealth services; ie, annual program evaluation reports subject to review
- Merge evidenced-based practice guidelines with telemedicine to improve efficiency of care provided (National Chronic Disease/Telehealth Best Practice Project--results pending)

What limitations/challenges we have found

- Patient criteria is extremely variable in home health-best to have caregiver or significant other
- Advanced technology can increase patient anxiety
- Limits funding and grants for telehealth
- Technology is expensive and repairs must be outsourced
- Currently no reimbursement unless camera option (Medicaid criteria)
- Some physicians see technology as "visit replacement"
- Environmental-some living situations not conducive to telehealth set up

Opportunities for the near future

- Ongoing education to professional and lay community regarding advantages of telehealth as it relates to improved outcomes and health care efficiency
- Continued data collection and analysis for agencies providing telehealth services with collaboration in terms of sharing data with agencies considering a program
- Continue projects looking at evidence-based practice and telemedicine combined with goal to enhance quality of care (more information/visit), improve efficiency of care, facilitate trend data collection in order for physicians to make patient care decisions
- Expand programs to rural surrounding areas in effort to better serve remote populations-this could potentially decrease length of hospital stay if monitoring capabilities were in place
- Expand patient education opportunities available with telemedicine; including Hospice Care

Via Christi Health System

Evidence Based Use Health Information Technology

Elizabeth Cowboy, MD, FCCP
Elizabeth_Cowboy@Via-Christi.org

Robin Simmons, R.N.
Robin_Simmons@Via-Christi.org

eCare

Via Christi Health System

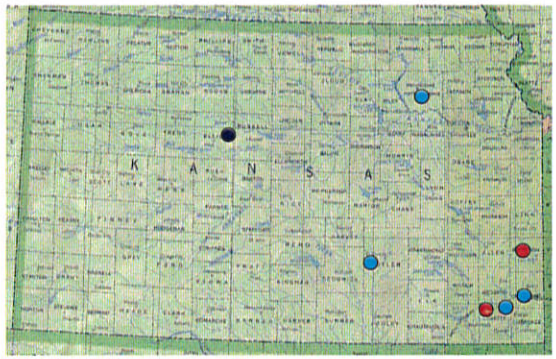
Return on Expectations

- Standardization of Delivery Model
- Mortality Reductions
- Clinical Quality and Safety
- Building Talented Pool of Nurses
  - Recruit, Retain, & Educate
- Disaster Planning
  - Natural, Environmental, and Pandemic
- Midwest Transplant Network
- Green Health
- Advocacy Alerts

eCare

Via Christi Health System

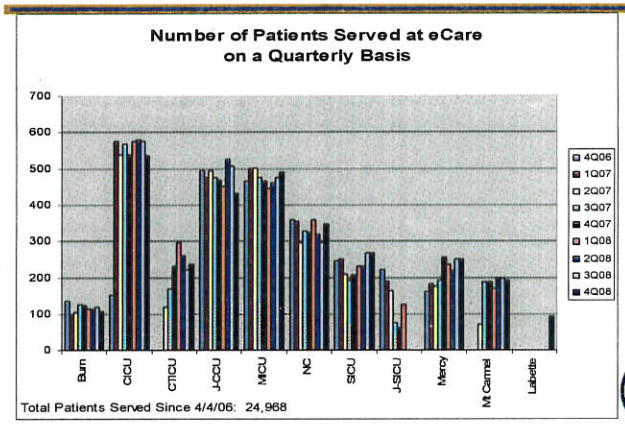
Kansas eCritical Care Medicine



eCare

Via Christi Health System

24,968 Lives Touched



eCare

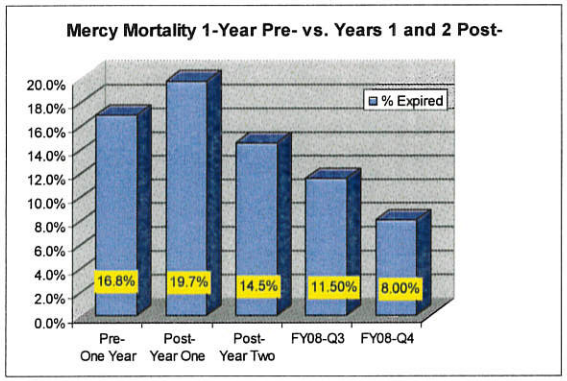
House Vision 2020
2-9-2009
Attachment 3-1

House Vision 2020
2-9-2009
Attachment 3-1

Via Christi Health System

Mercy Regional Health Center
52% Reduction in Mortality

18 Lives Saved



eCare

Via Christi Health System

Nursing Education and Recruitment

- 204 BS RN Students
- 3 Master &1 NP
- Dialogue on VCHS commitment to patient quality and safety
- Recruitment & Retention
- Learning Organization
  - Interactive monthly didactics
  - Mentorship
  - Virtual Library

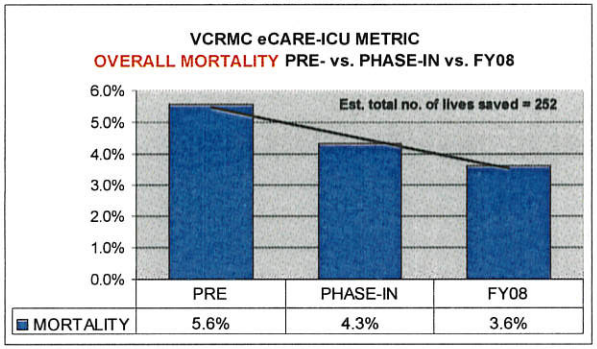
NEWMAN UNIVERSITY

eCare

Via Christi Health System

VCRMC
36% Reduction in Mortality

252 Lives Saved

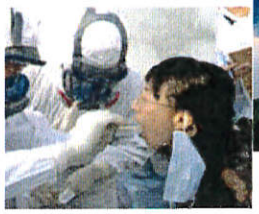


eCare

Via Christi Health System

Disaster Preparedness

- Triage and Treatment by eDoctor
  - Assessment and medical treatment of patients by Intensivist
  - Decrease exposure for routine check
- Command Center Linkage
- Internet & Library Access
- 30% ICU Beds
- T1 Secured
- CDC Data

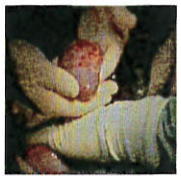


eCare

Via Christi Health System

MTN eCare Donation Collaborative

28 authorized donors with MTN
84 organ gifts



SFC 23 donors 68 organs
SJC 3 donors 10 organs
Mt.C 2 donors 6 organs

When we cannot save a life,
others choose to give the Gift of Life

Via Christi Health System

Green Health

Carbon Footprint Based on 2 Family Trips/Patient

- 110 Patients were able to be treated at Mt Caramel in Pittsburg
  - 286 mile round trip totals 80,000 miles.
- 89 Patients were able to be treated at Mercy in Manhattan
  - 256 mile round trip totals 45,000 miles.
- 4 Patients were able to be treated at Labette Health in Parsons
  - 274 mile round trip totals 2,200 miles.
- Total family miles saved is 127,200 miles
- This would be 56.3 tons of CO_2 emitted with cost to offset $2,660
- To the Patients family it means $69,960 remain in their pockets
  - stay in their hometown hospital
  - cared by their hometown physician teamed eCare.

Via Christi Health System

Return on Investment

- eCare & ICU Collaborative to Reduce
  - Never Events
  - Hospital Acquired Complication
  - Hospital Acquired Infections
- Intensivist Documented Interventions FY2008
  - Major - 878
  - Intermediate - 1,953
  - Best Practices - 915
  - Minor - 1,679

Via Christi Health System

Patient Profile Tool

BlueCross BlueShield of Kansas

1133 SW Topeka Boulevard

Topeka, Kansas 66629-0001

In Topeka – (785) 291-7000
In Kansas – (800) 432-0216

Web site: www.bcbsks.com

Statement of Sunee N. Mickle

Director, Government Relations

Blue Cross and Blue Shield of Kansas

House Vision 2020 Committee

Briefing on Health Care Delivery: Telemedicine, Care Management, and Wellness

February 9, 2009

Chairman Sloan and Members:

Thank you for this opportunity to discuss telemedicine and several other health care delivery programs. My name is Sunee Mickle, and I am the Director of Government Relations at Blue Cross & Blue Shield of Kansas which is headquartered here in Topeka. BCBSKS is a mutual insurance company and we are the largest health insurer in the state of Kansas. We have approximately 700,000 members and service 103 of Kansas' 105 counties. Johnson and Wyandotte counties are serviced by another Blue Plan, Blue Cross and Blue Shield of Kansas City.

BCBSKS contracts with 98% of health care providers and hospitals throughout Kansas, and we are well aware of the challenging dynamics of delivering quality health care services in a state with so many rural communities. We understand the importance of providing Kansans access to quality specialty health care regardless of whether they live in rural or metropolitan areas of the state. Telemedicine is one critical tool that BCBSKS has used to increase our members' access to specialty health care services and providers. My company is unique. Since January 1993, BCBSKS has reimbursed specialists for telemedicine consultations. And beginning in May 2008, BCBSKS began reimbursing the facility fee or what is often called the originating site fee.

Specialty providers can bill BCBSKS for consultations, office and other outpatient visits, individual psychotherapy, pharmacologic management, psychiatric diagnostic interview examinations, neurobehavioral status exams, individual medical nutrition therapy, and end stage renal disease related services. We also allow for additional telemedicine services to be billed when they are medically necessary and a covered benefit. This same information can

House Vision 2020
2-9-2009
Attachment 4-1

BlueCross BlueShield of Kansas

1133 SW Topeka Boulevard

Topeka, Kansas 66629-0001

In Topeka – (785) 291-7000
In Kansas – (800) 432-0216

Web site: www.bcbsks.com

also be found in the 2008 Telemedicine Survey that was conducted by the Kansas Insurance Department.

Another detail that is sometimes overlooked is the fact that rural health care facilities – not just patients - benefit from BCBSKS' commitment to reimburse for telemedicine services. Patients who live near these rural facilities can stay and receive specialty health care services at their local facilities rather than traveling to and from care outside of their community. Therefore, telemedicine also helps local providers maintain their patients' medical homes and includes them in their specialty care.

Today, I also wanted to share information about two other BCBSKS programs that are designed to assist with our members' health care delivery model. The first is our Healthy Options Care Management Program which is staffed by seven registered nurses, three enrollment specialists, and one system specialist. This program is designed to empower our members to make informed decisions about their health through: education, coaching, support, and the distribution of resources and tools. Our nurses help members, ages 21 to 63, better understand and manage chronic health conditions such as coronary artery disease, heart failure, diabetes, asthma, hypertension and hyperlipidemia. The goal is to keep our members healthy and reduce workplace absenteeism for our employer groups.

Here's how the program works: A member with one of the above chronic health care conditions can self enroll or be referred by their physician to take part in our care management program. We send an introduction letter and one of our enrollment specialist will contact the member by telephone. If the member agrees to participate, we schedule a telephone appointment with a care manager. The care manager then calls the member to assess their needs and set their health goals. Members are continuously enrolled in the program for two years.

Based on pre and post member surveys, we show that approximately 99% of participants have a better understanding of their disease and are able to incorporate the information that they learn into their daily lives. Almost 89% report an increase in their exercise habits in the last six months, and 94% have improved their nutrition in the last six months.

There is one more program that BCBSKS has recently introduced to help improve the health care delivery system in Kansas. It's called, "A Healthier You," and is a wellness program that was created by Blue Cross and Blue Shield of Kansas City in 2005. A Healthier You is marketed to employer groups who are interested in creating a work environment that supports healthy choices and lifestyle changes. The program includes an onsite free health assessment for employees so they can learn more about their blood pressure, glucose,

BlueCross BlueShield of Kansas

1133 SW Topeka Boulevard

Topeka, Kansas 66629-0001

In Topeka – (785) 291-7000
In Kansas – (800) 432-0216

Web site: www.bcbsks.com

weight, cholesterol, and body mass index. Participants also receive support from a health coach, health education classes, and online resources and tools.

Now that you have heard my testimony today, I believe the majority of you will agree that BCBSKS does a lot more than process health insurance claims. As I stated before, BCBSKS has over 700,000 members and serves 103 of the 105 Kansas counties. The health and wellbeing of Kansans is important to us. We are committed to providing our members access to specialty health care services through telemedicine, and improving the health of our members through our Healthy Options Care Management Program and our new A Healthier You workplace wellness program.

Thank you for time.

Kansas Association of Health Plans

815 SW Topeka Boulevard, Suite 2C
Topeka, Kansas 66612

(785) 213-0185
marlee@brightcarpenter.com

February 9, 2009

Telemedicine and Telehealth Monitoring
Before the House Vision 2020 Committee
Marlee Carpenter, Executive Director

Chairman Sloan and members of the Committee;

I am Marlee Carpenter, Executive Director of the Kansas Association of Health Plans (KAHP). The KAHP is a nonprofit association dedicated to providing the public information on managed care health plans. Members of the KAHP are Kansas licensed health maintenance organizations, preferred provider organizations and other entities that are associated with managed care. KAHP members serve the majority of Kansans enrolled in private health insurance. KAHP members also serve the Kansans enrolled in HealthWave and Medicaid managed care. We appreciate the opportunity to provide comments to this committee.

In preparation for this meeting, I have surveyed KAHP members on the issue of telemedicine. The reimbursement of services for telemedicine falls within a broad range. Some KAHP members reimburse for specialists only while others reimburse for other services including primary care visits. Treating physicians are reimbursed according to the member's policy term (in-network and out-of-network). In addition, most KAHP members reimburse for site fees.

Telemedicine can be very broad and can cover many different types of services. KAHP members understand the benefits and advantage of this service, especially in the rural parts of the state. KAHP members would like to offer a common definition of telemedicine as we look towards the future and the use of telemedicine over the next ten years. A common definition will ensure that all parties, insurers and providers, are on the same page when discussing and using this technology. This definition was developed during the telemedicine discussions with the Kansas Department of Insurance. We would like to offer this definition as a starting point for discussion, which I have attached to my testimony.

We have made much progress over the last 2 years on this issue. As we move forward the insurance industry would like to continue to be at the table and involved in these discussions. Thank you for your time and I will be happy to answer any questions.

House Vision 2020
2-9-2009
Attachment 5-1

Telemedicine is:

1. For payment to occur, interactive audio and video telecommunications must be used, permitting real time communication between a physician and a distant site patient. A condition of payment is that the patient must be present and participating in the visit. Coverage for this benefit does not include "store and forward" services where medical data is acquired and then transmitted to a physician at a later time for an offline assessment.

2. Coverage is for outpatient treatment only.

3.The patient must be at an "originating site", as defined by Medicare--the office of a physician or practitioner, a hospital, a critical access hospital, a rural health clinic, or a federally qualified health center (FQHC). The patient and the originating site must be in a rural area or outside a Metropolitan Statistical Area, but there is no limitation on the location of the treating physician.

4. At the originating site, the patient must have with them a licensed clinical professional, performing duties within the scope of their practice.

5. Telemedicine is not an consultation provided by telephone, by fax machine or by e-mail.

6. The treating physician is licensed to practice in the state where the patient is being "seen". In-network and out-of-network physicians will be reimbursed according to the terms of the member's policy.