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Testimony from
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Good morning Chairman, members of the committee. My name is Eve-Lynn Nelson and I direct telemedicine 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. I am here today to provide information about telemedicine and how HB2206 may assist patient, families, and providers who participate in telemedicine across Kansas.

Kansas is a pioneer in telemedicine, beginning with Dr. Cox in Hays connecting back to pediatric cardiology specialists at KU Medical Center. This allowed the local pediatrician and specialists to collaborate and keep young children local whenever possible. Fast forward 25 years, and KUMC telemedicine spans more than 60 active sites and connects patients to almost every type of Kansas-based specialist. Telemedicine, the use of secure, real-time videoconferencing for clinical purposes, has expanded with the availability of high speed internet access supporting lower cost, secure videoconferencing solutions. Telemedicine helps patients and families receive the same high quality care in their own community supported by local healthcare coordinators—saving the patient time, travel, and stress. Telemedicine often allows patients to be seen quicker and more frequently than traveling miles to the specialist, helping specialists intervene early and promote best outcome. 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. Our experience mirrors national results reflecting both high satisfaction and promising outcomes.

Last year, the Center provided clinical telehealth services to patients and family members across specialties, from teleautism to telewoundcare. We see patients across the age range, from small children in our telemedicine feeding clinic to elders in the oncology second opinion clinic, and all ages in between. Among our most active outpatient-focused specialties include cancer care and behavioral health services. Pilot projects are evaluating home-based telehealth services. Other telehealth programs in the state are evaluating highly innovative approaches with stroke and other conditions. I believe that our partner Hospice Services, Inc. provided testimony about using telehealth to support patients and families at the end of life. 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 their families as well as community sites.

However, there are several barriers that have limited telemedicine advancement in Kansas. I believe that Heartland Telehealth Resource Center provided educational testimony reflecting Kansas Report Card from the American Telemedicine Association. While Kansas continues to have strengths, the state lags behind neighboring states and nationally in addressing barriers around telehealth reimbursement, earning “F” grades in several categories. Without predictable, transparent reimbursement in telemedicine, our Kansas’ specialists are more hesitant to start telehealth and further extend access across the state. The proposed HB2206 bill is a step toward decreasing this barrier as it advances transparency in reimbursement. In addition, unknowns in telehealth reimbursement often lead to confusion and difficulty for our rural and

other underserved patients. Unfortunately, we hear stories from patients that their coverage for telemedicine is unpredictable, where a telehealth visit that was once covered is no longer covered, or when the patient calls they receive varying guidance about telehealth coverage. We hope that the bill is a step toward continuing dialogue about these challenges.

Telemedicine continues to have much potential to advance healthcare's quadruple aim—reducing cost, improving patient experience, improving patient outcomes, and improving the provider experience/well-being. KUMC specialists see these advantages everyday in their patient encounters across Kansas telehealth sites, partnering with local healthcare coordinators to advance health and healthcare for patients. We support HB2206 as a step toward enhancing telemedicine growth, especially among Kansas' specialists.

Thank you for the opportunity to address the committee, I'll be pleased to answer any questions.