



HB 2206 – Telemedicine

House Health and Human Services

February 16, 2017

Good afternoon Chairman Hawkins and members of the committee. My name is Carie Brown, and I am the Director of Behavioral Health at Heart of Kansas Family Health Care a Federally Qualified Health Center in Great Bend. I appreciate the opportunity to talk with you today in support of HB 2206 and the importance of telemedicine to health care in Kansas.

Telemedicine has become an intricate part of our Integrated Health Care services at Heart of Kansas Family Health Care, Inc. As an FQHC, we provide primary medical care as well as behavioral health services including mental health and substance abuse. We began providing psychiatric telemedicine services to our patients in 2015. We originally initiated telemedicine services to bridge the gap in our community related to the shortage of psychiatrists and the extremely long wait times for patients to be seen by already existing providers.

Heart of Kansas Family Health Care entered into a contract with OneDocWay, now Genoa Telepsychiatry, who maintains qualified psychiatrists to provide these services. The psychiatrist is credentialed under Heart of Kansas and the provider is licensed to practice in the State of Kansas. The contract initially provided two hours of direct services to Heart of Kansas Family Health Care patients at a cost of \$225.00 per hour. Due to increase in demand and overall benefit to patients, Heart of Kansas increased telemedicine services to four hours per week.

The provision of these services has resulted in a substantially negative financial impact to Heart of Kansas Family Health Care. As an FQHC, we are only able to bill as the Originating Site fee (Code Q3014) which carries a charged fee of \$40.00. To our dismay, this fee is paid by only a few insurance companies and is not paid by the majority of insurance companies. Over the two year period in which Heart of Kansas has provided telemedicine services, the cost to our agency has been \$37,125.00. The amount collected through insurance payments to Heart of Kansas is \$6,799.43 which represents .18 benefits to cost ratio which is unsustainable in the long run.

There are a variety of patients receiving telemedicine services at Heart of Kansas. We have patients benefiting who are struggling with anxiety and/or depressive symptoms. We have patients with substance abuse histories who require experienced and knowledgeable services to avoid drug seeking behavior. We also have several Severely Persistently Mentally Ill (SPMI) individuals receiving telemedicine services. The SPMI population we are currently serving has benefited tremendously. One individual who has had 10 previous hospitalizations as well as residential psychiatric program admissions, has been absent of psychiatric hospitalization for nearly two years. In this case, the addition of telemedicine services for this patient has resulted in an overall cost savings to Medicare and Medicaid. The benefit of tele-medicine services to



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our patients has been astounding. We believe this is due not only to the integration of care but also the quality of the services provided through telemedicine.

Parity of telemedicine services should be legitimately considered as a viable resource to improve patient care. Heart of Kansas Family Health Care has been providing these services and has seen proven results and benefits for patients. The parity of telemedicine services is necessary in order ensure sustainability and fiscal obligation for patient care clinics.

We ask for your support of HB 2206.