Approved: 3/09/2011
Date

MINUTES OF THE HOUSE GOVERNMENT EFFICIENCY COMMITTEE

The meeting was called to order by Representative Mike Burgess, Chair, at 3:30 p.m. on February 7, 2011, in Room 546-S of the Capitol.

All members were present.

Committee staff present:
Julian Efird, Legislative Research
Iraida Orr, Legislative Research
Katherine McBride, Revisor of Statutes
Renae Jefferies, Revisor of Statutes
Linda Herrick, Committee Assistant

Conferees appearing before the Committee:
Monte Coffman, Executive Director, Windsor Place, Coffeyville, Ks

Others attending:
(see attached list)

Chair Burgess asked if there were any bills to be introduced. Representative Howell would like to see a bill drafted pertaining to replacement of state vehicles after they have reached 100,000 miles. He feels this is not an appropriate measure and perhaps replacement should be based on vehicle inspection. Representative Howell made the motion that a bill be drafted specifying state vehicle replacement should be based on inspection or condition of the car. Representative DeGraaf seconded the motion, and the committee voted unanimously to approve the motion.

Chair Burgess also requested a pricing flexibility bill be drafted. This would allow citizens who file state forms (licensure, taxes, etc.) electronically to receive a price break as opposed to persons filing in the paper version. Chair Burgess made the motion, and it was seconded by Representative Fund. Chair Burgess asked for discussion. Representative Loganbill asked for something to be added to the bill that would apply to senior citizens and others that do not have access to computers to not be penalized because they could not file electronically. Chair Burgess noted that his intention is to bring back the bill that passed the House last year that had minimal fees for paper forms. He added that this should be discussed when the bill is heard. After this discussion, the committee voted unanimously to approve the motion to draft a bill for pricing flexibility for electronic vs. paper filed state forms.

Chair Burgess then introduced Monte Coffman, Executive Director, Windsor Place, a long-term care organization. Mr. Coffman's presentation was on HCBS Telehealth (telemedicine). (Attachment 1) Telemedicine is an exchange of medical information from one point to another through the use of technology. Chair Burgess thanked Mr. Coffman for his presentation.

In regard to topics discussed by the committee and possibly drafted into bills, prioritized budgeting will be handled by the Appropriations Committee, and we will follow its progress. There was nothing to report on enterprise efficiencies per Representative Howell. The sale of state assets, looking at portions of properties to sell, is not yet in bill form. Number of appraisals to sell property will be a topic for next year.

The last day to introduce bills is February 9. The last committee meeting will be February 21.

The chair asked if there was any other business, and there was none.

The next meeting is scheduled for Tuesday, February 8, 2011. The meeting was adjourned at 4:27 p.m.

HOUSE GOVERNMENT EFFICIENCY AND FISCAL OVERSIGHT COMMITTEE

GUEST LIST

DATE: 2-7-11

NAME	REPRESENTING
Zac Kohl	Federico Consulting
Nancy Zoglemon	Polsinelli
Mike Hutfles	CLO

House Government Efficiency
Date: 2-7-2011
Attachment: 1-1

House Government Efficiency Committee

Telehealth Remote Monitoring Presentation

February 7, 2011

Telemedicine Defined

- Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Closely associated with telemedicine is the term "telehealth", which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.
- Telemedicine is not a separate medical specialty. Products and services related to telemedicine are often part of a larger investment by health care institutions in either information technology or the delivery of clinical care. Even in the reimbursement fee structure, there is usually no distinction made between services provided on site and those provided through telemedicine and often no separate coding required for billing of remote services.
- Telemedicine encompasses different types of programs and services provided for the patient. Each component involves different providers and consumers.

Telemedicine Services

- **Specialist referral services** typically involves of a specialist assisting a general practitioner in rendering a diagnosis. This may involve a patient "seeing" a specialist over a live, remote consult or the transmission of diagnostic images and/or video along with patient data to a specialist for viewing later. Recent surveys have shown a rapid increase in the number of specialty and subspecialty areas that have successfully used telemedicine. Radiology continues to make the greatest use of telemedicine with thousands of images "read" by remote providers each year. Other major specialty areas include: dermatology, ophthalmology, mental health, cardiology an pathology. According to reports and studies, almost 50 different medical subspecialties have successfully used telemedicine.

- **Patient consultations** using telecommunications to provide medical data, which may include audio, still or live images, between a patient and a health professional for use in rendering a diagnosis and treatment plan. This might originate from a remote clinic to a physician's office using a direct transmission link or may include communicating over the Web.

- **Remote patient monitoring** uses devices to remotely collect and send data to a monitoring station for interpretation. Such "home telehealth" applications might include a specific vital sign, such as blood glucose or heart ECG or a variety of indicators for homebound patients. Such devices can be used to supplement the use of visiting nurses.

- **Medical education** provides continuing medical education credits for health professionals and special medical education seminars for targeted groups in remote locations.

- **Consumer medical and health information** includes the use of the Internet for consumers to obtain specialized health information and on-line discussion groups to provide peer-to-peer support.

Kansas Medicaid LTC Services

Nursing Facilities

Medical Clinical Care	RN's --- LPN's
ADL and Personal Care	CNA's --- RA's --- Other Staff
Social Needs	Activity Directors Social Workers

Windsor Place
Worthwhile Work

Kansas Medicaid LTC Services

Care Needs	Nursing Facilities	Home and Community Based Services
Medical Clinical Care	RN's --- LPN's	VOID
ADL and Personal Care	CNA's --- RA's --- Other Staff	Attendant Care Workers --- Homemaker Staff
Social Needs	Activity directors/Social workers	Companion Services (added October 2008) (ended January 2010)

S-1

In 2006, Windsor Place met with and proposed to KDOA Secretary Greenlee and her staff the application of home telehealth and remote monitoring for the purpose of managing chronic diseases more effectively in the home.

In Feb 2007, a KDOA grant funded our pilot project. On August 1, 2007, the pilot program was operational. Extremely promising results were realized during the pilot.

3 Benefits of Telehealth

-Access to care

-Quality improvement

-Efficiency and lower cost of care

Windsor Place

Worthwhile Work

Four Key Elements to Telehealth

-Accurate physiological information

-Shared data with patient

-Data-driven coaching/patient education

-Optimized provider involvement

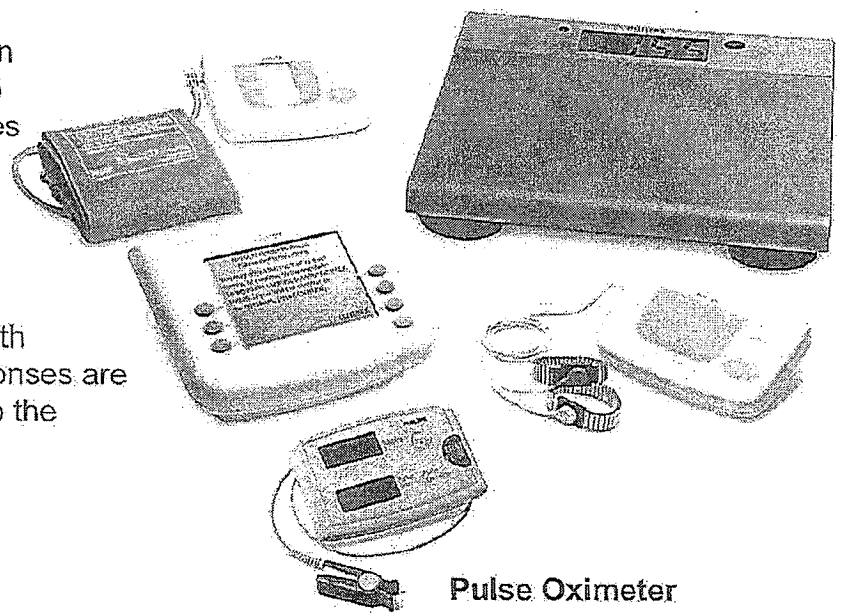
Award-winning Measurement Technologies
Accurate, Reliable, Unobtrusive and Easy to Use

Blood Pressure & Pulse

Takes readings when patient slides cuff up the arm, then presses "Start" button.

Standard Scale

Low step, a wide, steady platform, a large digital display and voice announcement.



TeleStation

Asks simple health questions. Responses are communicated to the clinical software.

ECG/Rhythm strip

Simple wristbands with snap-on connectors.

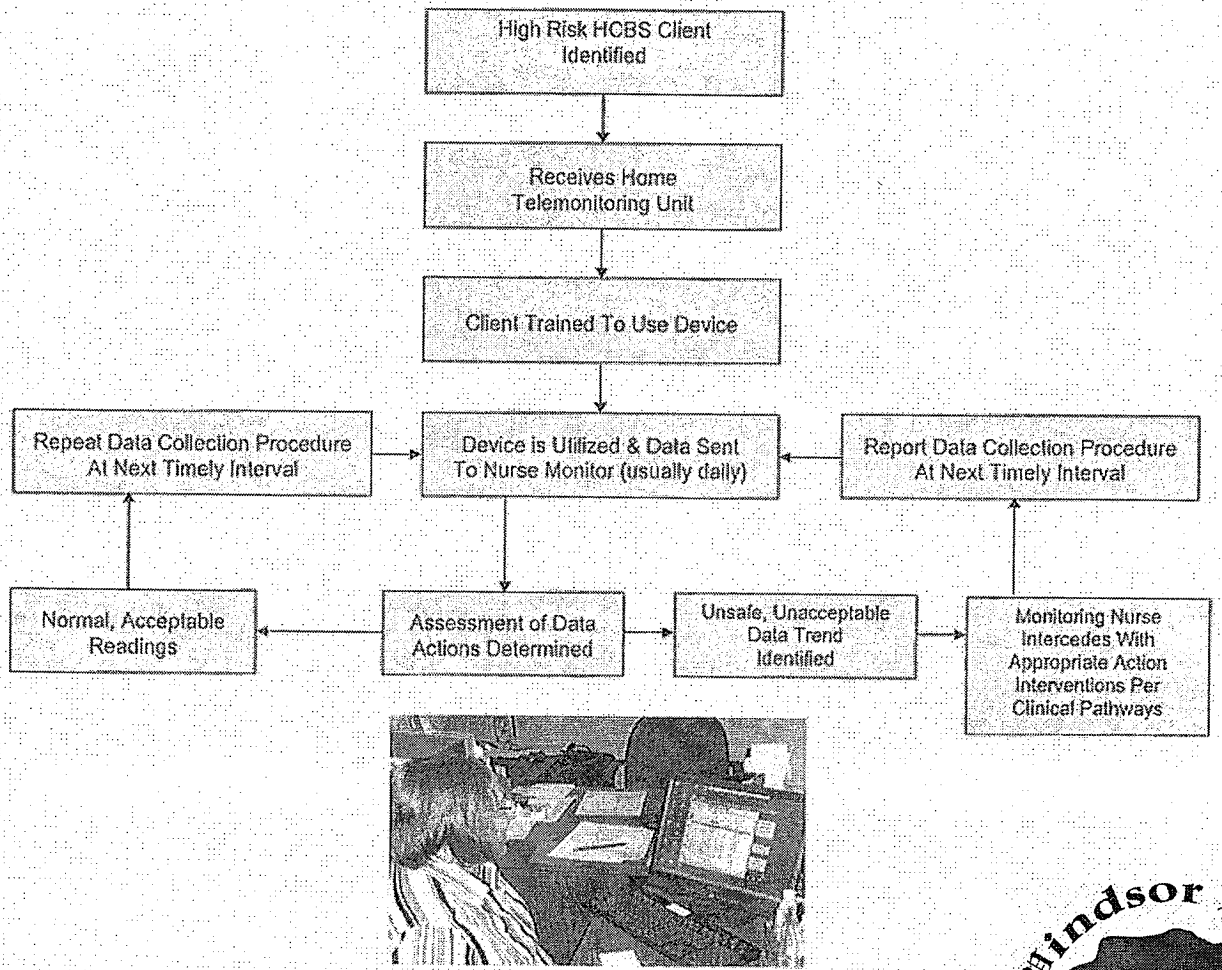
Pulse Oximeter

Spot checks oxygen saturation and pulse within seconds.

Glucose meter connection

Bayer Ascensia Contour 7151B

KDOA-HCBS PILOT PROJECT
Monitoring Process For High Risk HCBS Clients



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Client's begin Telehealth session

Session Data Transmission

Sent to Nurse's Computer

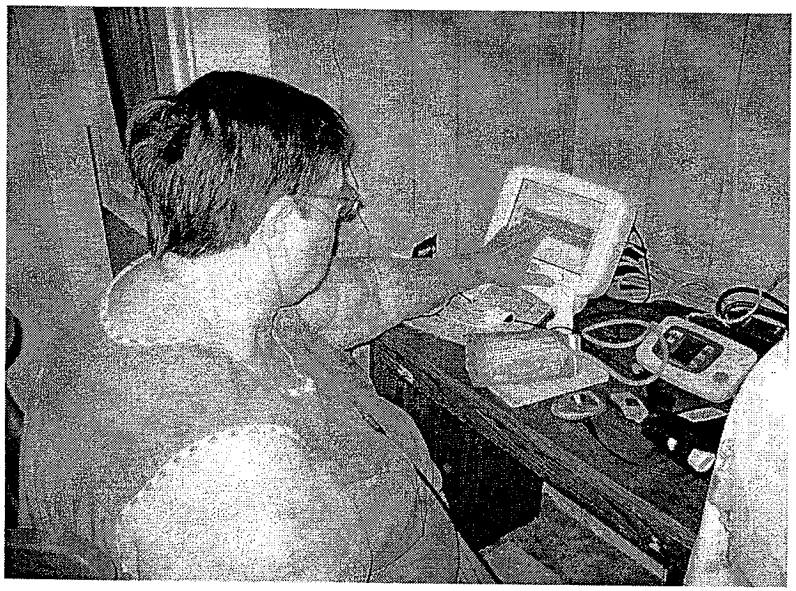
Data Reports Analyzed/Assessed

Communications Back to Client

Education Tips

Intervention Actions

Retake Measurements



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Worthwhile Work

MARY's DAY

Mary uses Telehealth equipment to measure her Weight, Blood Pressure, Pulse Oxygen and Blood Glucose readings. A typical day for Mary is as follows:

07:30am Mary wakes, walks into her dining room and sitting relaxed, places the **Blood Pressure** cuff on her arm and presses the START button on the B/P meter. Her B/P is automatically transferred to the TeleStation (main monitor).

07:32 Mary places the **Pulse Oxygen** clip on her finger, presses start and the meter measures the oxygen in her blood. This is transferred to the TS.

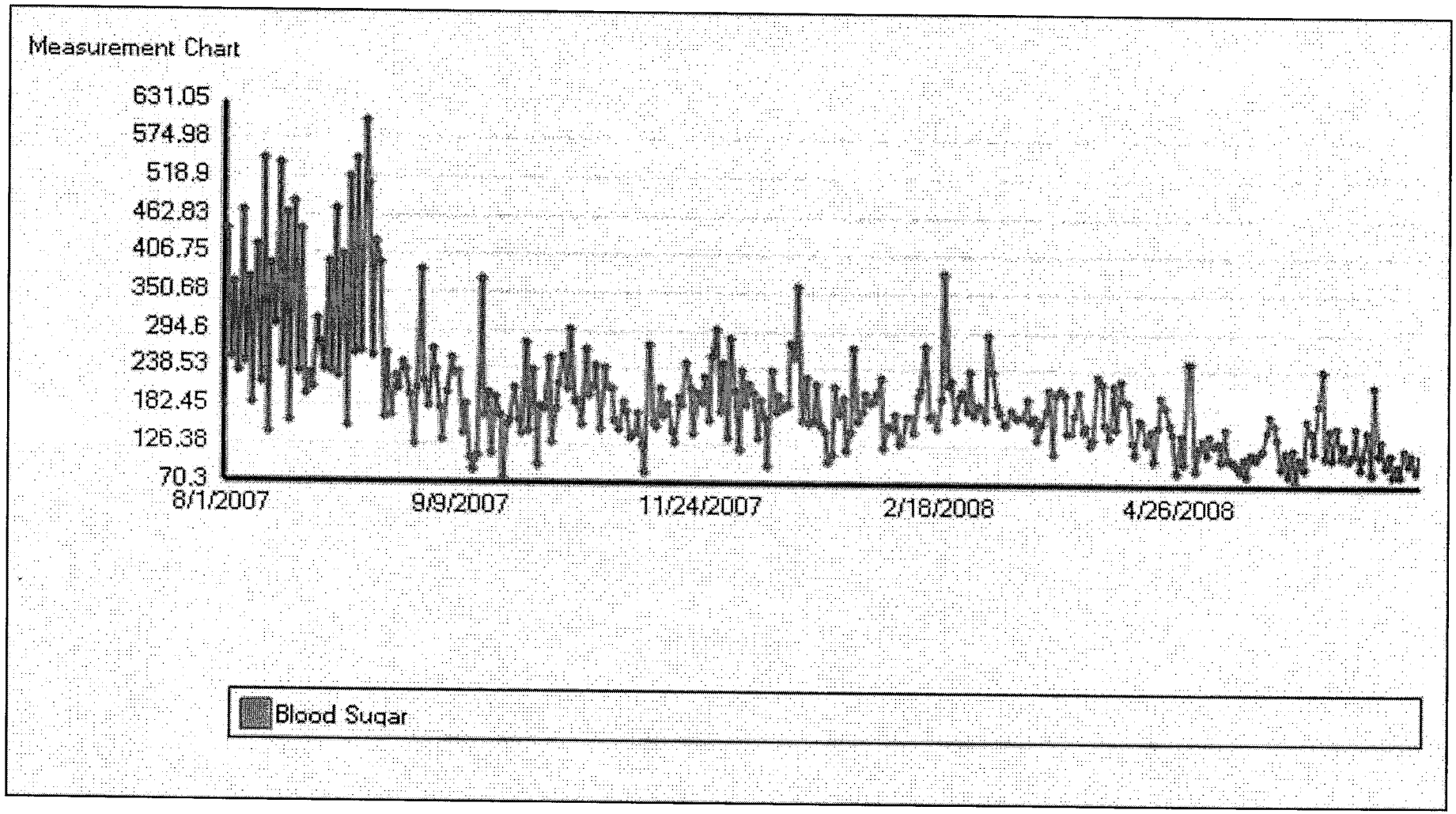
07:34 Mary checks her **Blood Sugar**. Once the measurement is taken, she will plug a cable from the TeleStation into the glucose meter. This transmits that reading to the TS.

07:37 Next, Mary gets up to do her **Weight**. In about 10 seconds, this measurement will automatically go to the TS.

07:40 Taking all these measurements in the comfort of her home, Mary has used about **10 minutes** of her day.

The **TeleStation will transmit** the readings it has received from each device via a **TOLL FREE** number and send them to a **secure, password protected website** so that the **TeleHealth nurse can see them**. This transfer happens about 15 – 20 min after the first measurement was taken, giving Mary ample time to do all measurements.

On occasion, Mary will have assessment questions, information or education, or a simple Birthday greeting. She will answer these in a matter of minutes and the TeleStation, as with the measurements, will transmit the answers to the secure website.



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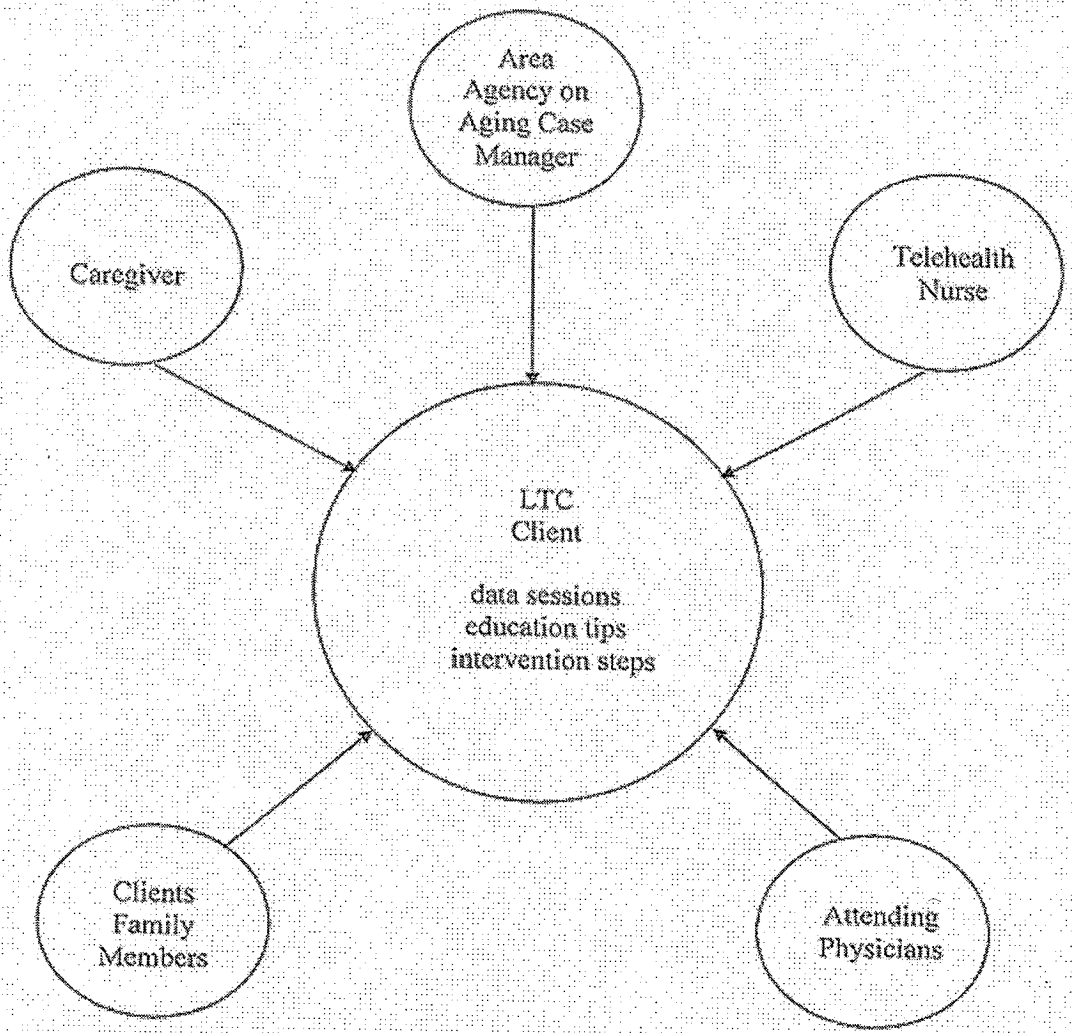
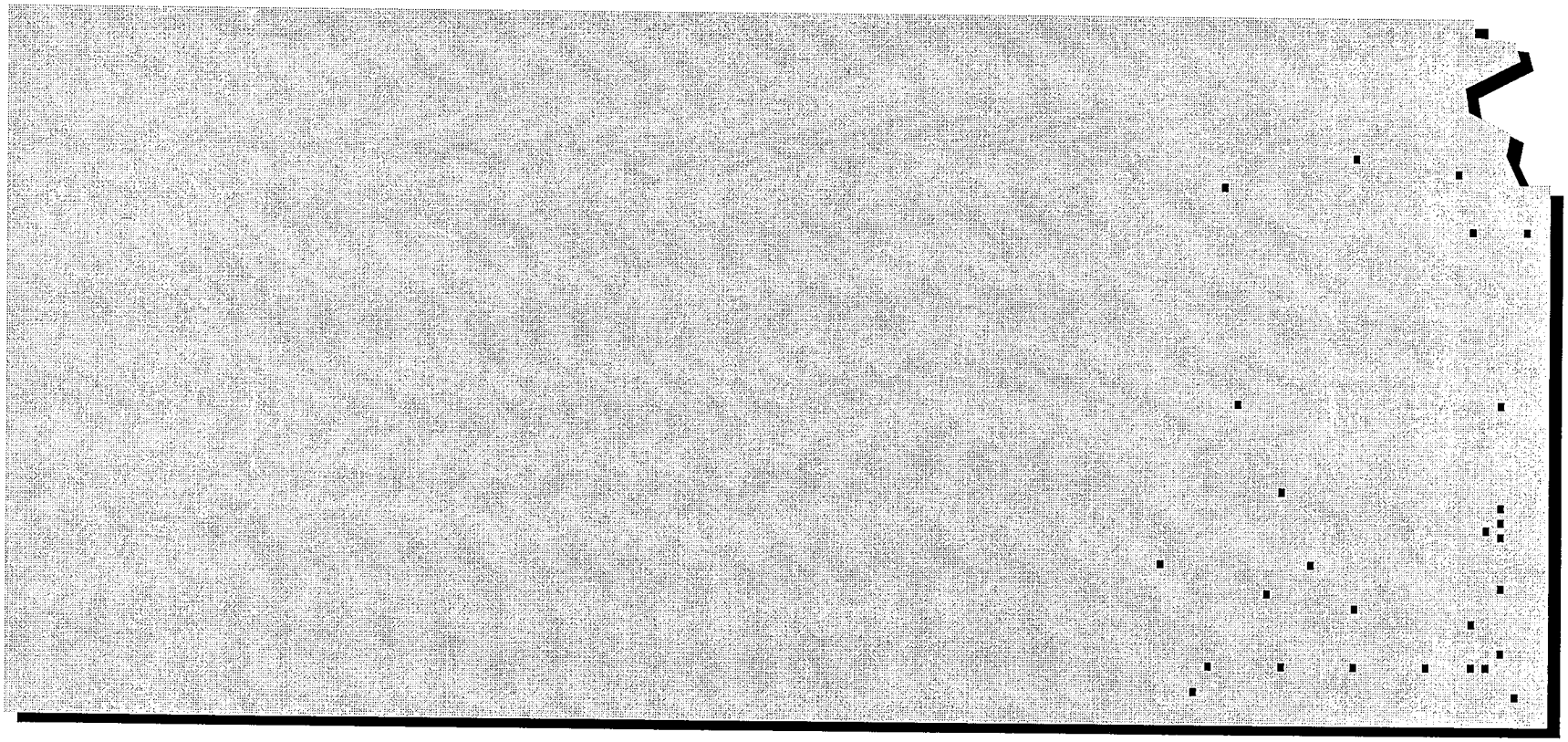
Worthwhile Work

Care Coordination and Integration Expansion



Windsor Place
Worthwhile Work

Kansas Telehealth Participant Locations



Arma-3
Baxter Springs-2
Chanute-6
Cherryvale-2
Coffeyville-10
Columbus-1

Dearing-2
Desoto-1
Frontenac-3
Ft. Scott-3
Galena-5
Girard-1

Erie-2
Fall River-1
Lawrence-2
McLouth-1
Mulberry-2
Neodesha-3

Independence-5
Iola-1
Pittsburg-3
West Mineral-2
Topeka-1
Yates Center-1

Oswego-1
Parsons-1
Scammon-1
Olathe-2
Howard-1

Medicaid Cost Savings Opportunities Through Reduced NF Admissions

	NF		HCBS
	Approx 10,400 people are here approx cost $3200 per month	seniors/funding source want to move this trend from NF to HCBS	Approx 6100 frail elders are here approx cost $1150 per month
medical/clinical needs	RN/LPN's provide care here		There is a void of care here. Telehealth would fill this need and allow seniors to stay in their homes longer.
Personal/ADL needs	CAN/RA's provide care here.		Attendant care and homemakers provide care here
Social Needs	Activity Directors/Social workers		Companion services added Oct 2008 but stopped Jan 2010

Windsor Place
Worthwhile Work

HCBS-FE Impacts

- During the three year pilot study, HCBS-FE telehealth pilot participants were admitted to nursing facilities 20.4% less than other persons in HCBS-FE waiver
- Of the telehealth participants who were admitted to the nursing facility, their average length of stay was only ten months, compared to two year average length of stay for other Medicaid nursing residents. A 58% reduction in length of stay.

Medicaid Cost Savings Opportunities Through Reduced HCBS-PD Hospitalizations

Long Term Care

	NF	HCBS
medical/clinical needs	RN/LPN's provide care here.	**There is a void of care here.** Telehealth would fill this need and allow disabled persons to stay in their homes longer and out of the hospitals.
Personal/ADL needs	CNA/RA's provide care here.	Attendant care and homemakers provide care here.
Social Needs	Activity directors/Social workers	Companion services added Oct 2008

Cost savings opportunities 1372 PD consumers incurred $24M in Medicaid hospital costs in FY 2008.
Projected FY2009 Medicaid hospital cost for PD consumers is $28M.
If 500 consumers could be averted, savings could be $10.2M annually or more.

HCBS-PD Impacts

- In FY 2009, HCBS-PD consumers incurred $28,000,000 in Medicaid hospital costs.

- During the three year home telehealth pilot, the results of this project demonstrated that home telehealth intervention significantly reduced the rate of emergency department utilization, inpatient hospitalizations and the associated Medicare costs for HCBS-FE clients. The cost saving of hospitalizations ($26,298 per patient annually) are substantial.

1-20

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