

## MINUTES OF THE HOUSE VISION 2020 COMMITTEE

The meeting was called to order by Chairman Tom Sloan at 3:30 p.m. on January 31, 2011, in Room 144-S of the Capitol.

All members were present except:

Representative Barbara Bollier- excused  
Representative Gail Finney- excused  
Representative Randy Garber- excused  
Representative Roderick Henderson- excused  
Representative Don Hill- excused  
Representative Mike Peterson - excused

Committee staff present:

Corey Carnahan, Kansas Legislative Research Department  
Jay Hall, Kansas Legislative Research Department  
Doug Taylor, Office of the Revisor of Statutes  
Sean Ostrow, Office of the Revisor of Statutes  
Mary Koles, Committee Assistant

Conferees appearing before the committee:

Ryan Spaulding, PhD, KU Medical Center  
Monte Coffman, Windsor Place, Coffeyville, Kansas

Others attending:

See attached list.

Chairman Sloan welcomed and introduced Ryan Spaulding and Monte Coffman, today's presenters, and requested that questions be asked after both had spoken.

Dr. Spaulding, Director, Center for Telemedicine and Telehealth, KU Medical Center, provided a telemedicine update and highlighted several current projects:

- Completed the evaluation of the KDOA home telehealth three year pilot in Coffeyville – very promising and successful outcomes,
- Implemented the Heartland Telehealth Resource Center,
- Successful TeleStroke intervention program for rural patients – expansion planned ,
- Implemented partnership with Veterans Affairs to provide additional telehealth sites to rural Kansas veterans,
- Expanded cancer 2<sup>nd</sup> opinion consultations,
- Achieved additional insurance coverage and additional Medicare codes for telehealth,
- Successful international demonstration programs in Armenia and Nepal. ([Attachment 1](#))

Monte Coffman, Executive Director, Windsor Place, Coffeyville, Kansas, mentioned the history of the Windsor Place home telehealth pilot project and outlined telemedicine services available today, three major benefits of telehealth, and four key elements to telehealth. Measurement technologies utilized in the pilot, the monitoring process, and a client's typical day were described. The pilot began with fifty units in southeast Kansas and during the three years of the study expanded both in client numbers and service area; recently, the program added fifty units for potential clients in Sedgwick County.

Coffman reported that telehealth intervention fulfills medical/clinical needs, allows individuals to remain in their homes longer, and significantly reduces emergency room visits and hospitalizations. "The cost savings of hospitalizations (\$26,298 per patient annually) are substantial." Coffman stated telehealth intervention cost \$6.00/client/day. The *big* study, a random control trial, by the Mayo Clinic in partnership with Intel is expected to demonstrate similar positive, promising outcomes. ([Attachment 2](#))

Questions, comments, and numerous brief and lengthy discussions followed the presentations. Participants included Chairman Sloan and Representatives Bill Otto, Vern Swanson, Don Hineman, Joseph Scapa, and Don Hill.

## CONTINUATION SHEET

Minutes of the House Vision 2020 Committee at 3:30 p.m. on January 31, 2011 in Room 142-S of the Capitol.

The next topic of discussion focused on higher education; are there other areas to discuss, recommendations to suggest, or should the committee standby? Comments and discussion followed. Participants included Chairman Sloan and Representatives Vern Swanson, Bill Otto, Brett Hildabrand, Joseph Scapa, Ron Worley, and Don Hill.

The next meeting is scheduled for February 2, 2011.

The meeting was adjourned at 5:00 p.m.

# Guest List

# House Vision 2020 Committee

Monday, January 31, 2011

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# The University of Kansas Medical Center

Center for TeleMedicine & TeleHealth

Testimony from  
Ryan Spaulding, PhD  
Director, Center for Telemedicine and Telehealth  
KU Medical Center  
before the  
Vision 2020 Committee  
January 31, 2011

Good afternoon Chairman Sloan, members of the committee. My name is Ryan Spaulding and I am the Director of the Center for Telemedicine and Telehealth at the University of Kansas Medical Center (KUMC). I am also a Research Associate Professor in the Health Policy and Management department. 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.

Telemedicine and telehealth involve using health information technologies to care for patients from a distance, either with live, interactive consultations over high definition video or automated vital sign monitoring with small, in home monitors.

As you may recall from last year's briefings, the Center has been active in telemedicine in Kansas for 20 years, not only providing telemedicine services but also conducting research and serving as a telehealth resource for interested stakeholders in Kansas, other states and even other countries. I am here today to provide a telemedicine update and highlight a few of our current projects.

Overall, we continue to research and develop innovative telehealth programs and services. Last year we provided services ranging from cardiology and oncology for adults across the state, to autism, epilepsy and mental health services for children. We also completed the evaluation of the KDOA home telehealth pilot in Coffeyville, Kansas and implemented the Heartland Telehealth Resource Center (HTRC), a collaboration with the University of Missouri and University of Oklahoma telehealth programs for the next 3 years. The home telehealth pilot was a successful step in demonstrating the benefits of home telehealth and we intend for the HTRC to be effective in assisting others with telehealth implementation. Other highlights include:

- Successful TeleStroke for providing life-saving neurological intervention to rural patients within 3 hours of stroke symptom onset. Expansion is planned for this year.
- ✱ Implementation of partnership with Veterans Affairs to provide additional telehealth sites to rural Kansas veterans
- Expansion of cancer 2<sup>nd</sup> opinion consultations through the Midwest Cancer Alliance
- ✱ Additional insurance coverage for telehealth from several Kansas insurers
- Additional Medicare codes for telehealth beginning January 1, 2011
- Successful international demonstration programs in Armenia and Nepal.

We continually seek to implement and better understand telehealth services and their benefits and will do so again this year. We will also continue to work with insurers for expanding telemedicine coverage—and address other policy issues—to enhance telemedicine growth and access for more Kansas residents. When used strategically, telemedicine can be a cost-effective approach to improving access to health care and reducing health professional shortages. A growing body of evidence also indicates that home telehealth can reduce hospitalizations and emergency department visits, and delay nursing home placements for elders with chronic conditions. Raising awareness of these benefits, implementing effective telemedicine programs, researching outcomes and advancing telehealth policy will again be our priorities for 2011.

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



# House Vision 2020 Committee

January 31, 2011



# Kansas Medicaid LTC Services

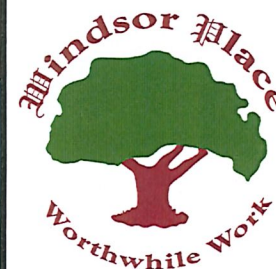
## Nursing Facilities

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



# 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)





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.



## 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.



# 2-6

## 3 Benefits of Telehealth

- Access to care
- Quality improvement
- Efficiency and lower cost of care



# 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.



### TeleStation

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



### Standard Scale

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



### ECG/Rhythm strip

Simple wristbands with snap-on connectors.



### Pulse Oximeter

Spot checks oxygen saturation and pulse within seconds.



### Glucose meter connection

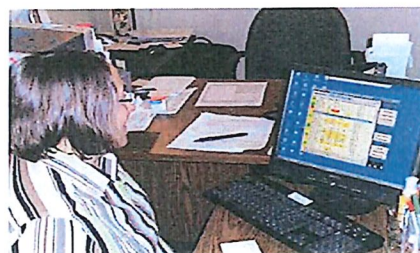
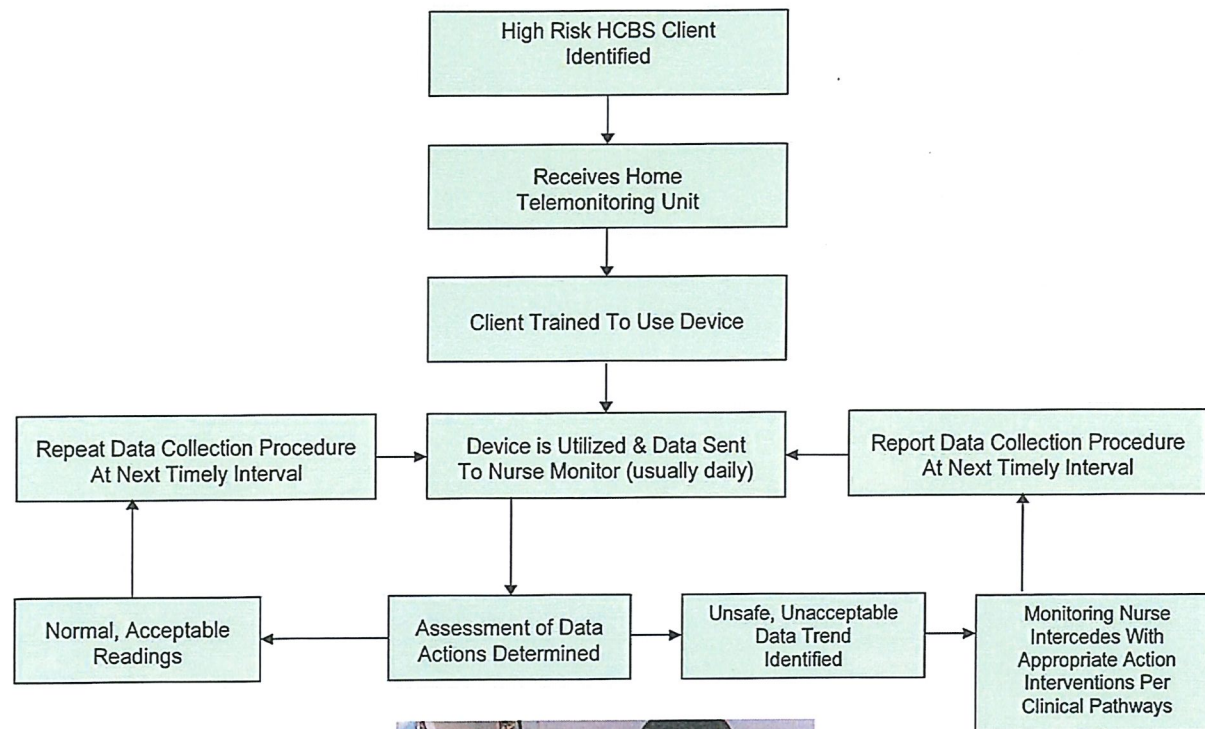
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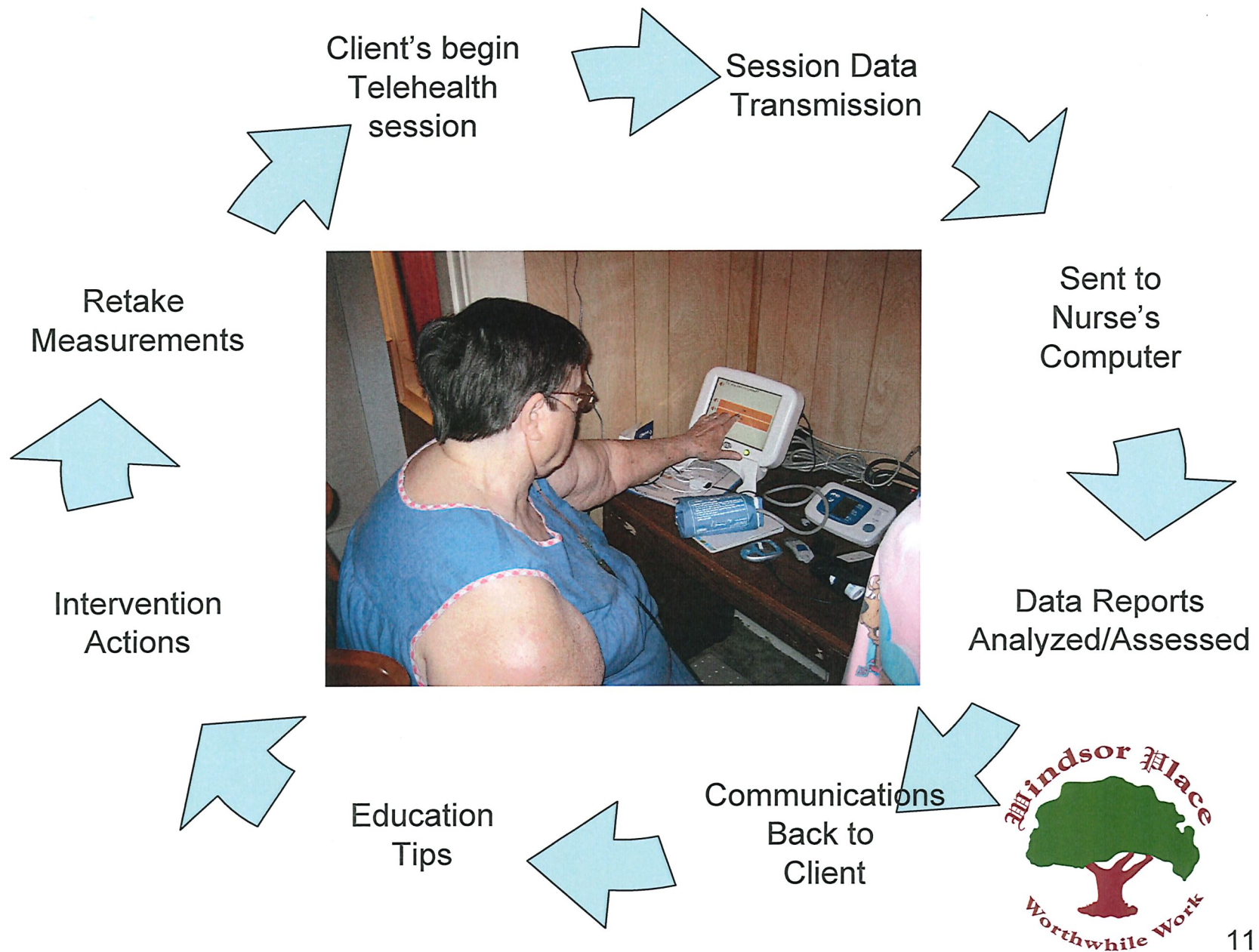
# KDOA-HCBS PILOT PROJECT

## Monitoring Process For High Risk HCBS Clients



2-10





## 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.

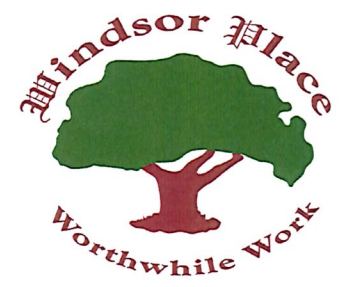
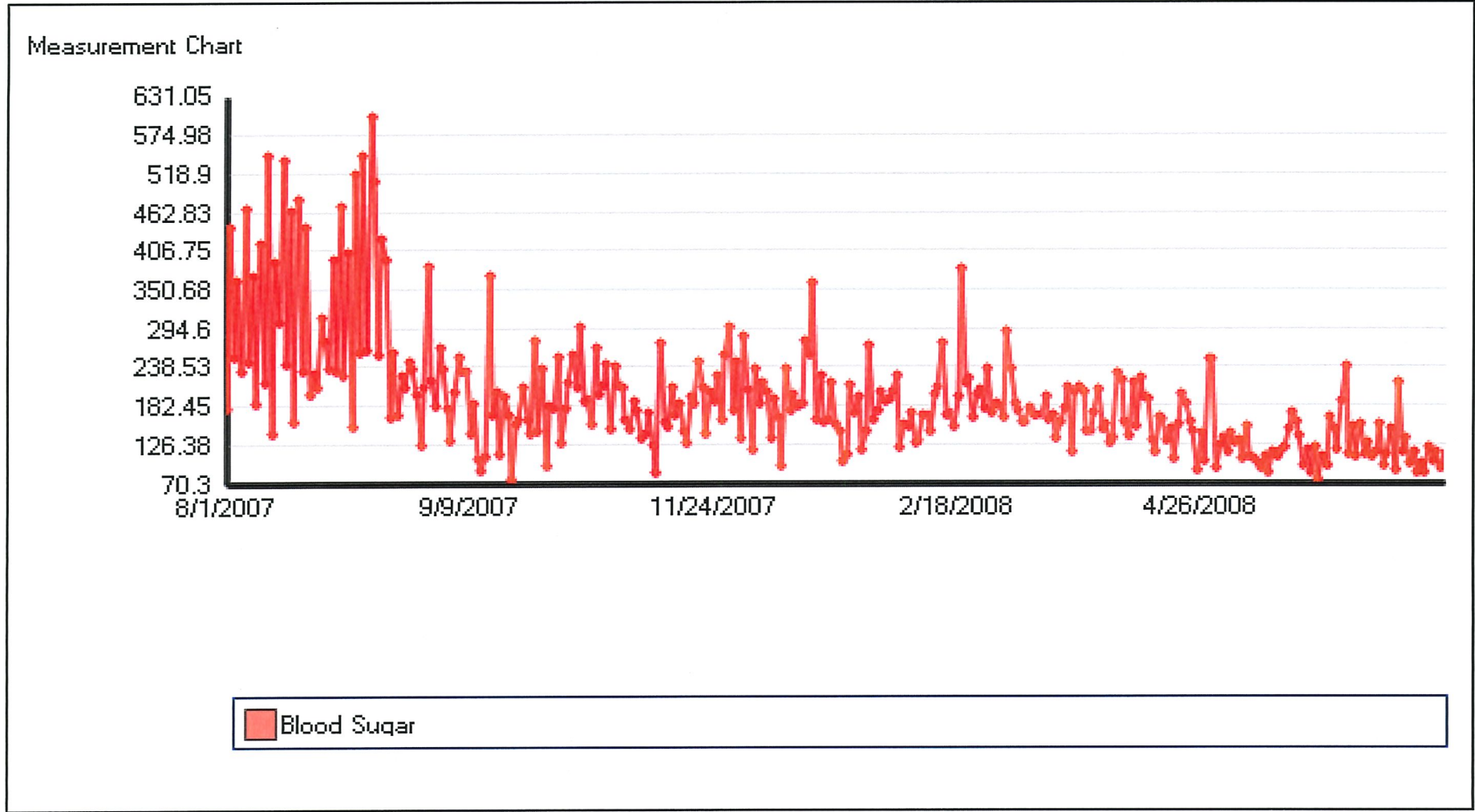
**07:37** Next, Mary gets up to do her **Weight**. In about 10 seconds, this measurement will automatically go to the TS.

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

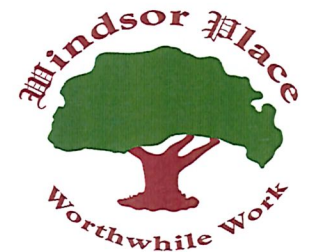
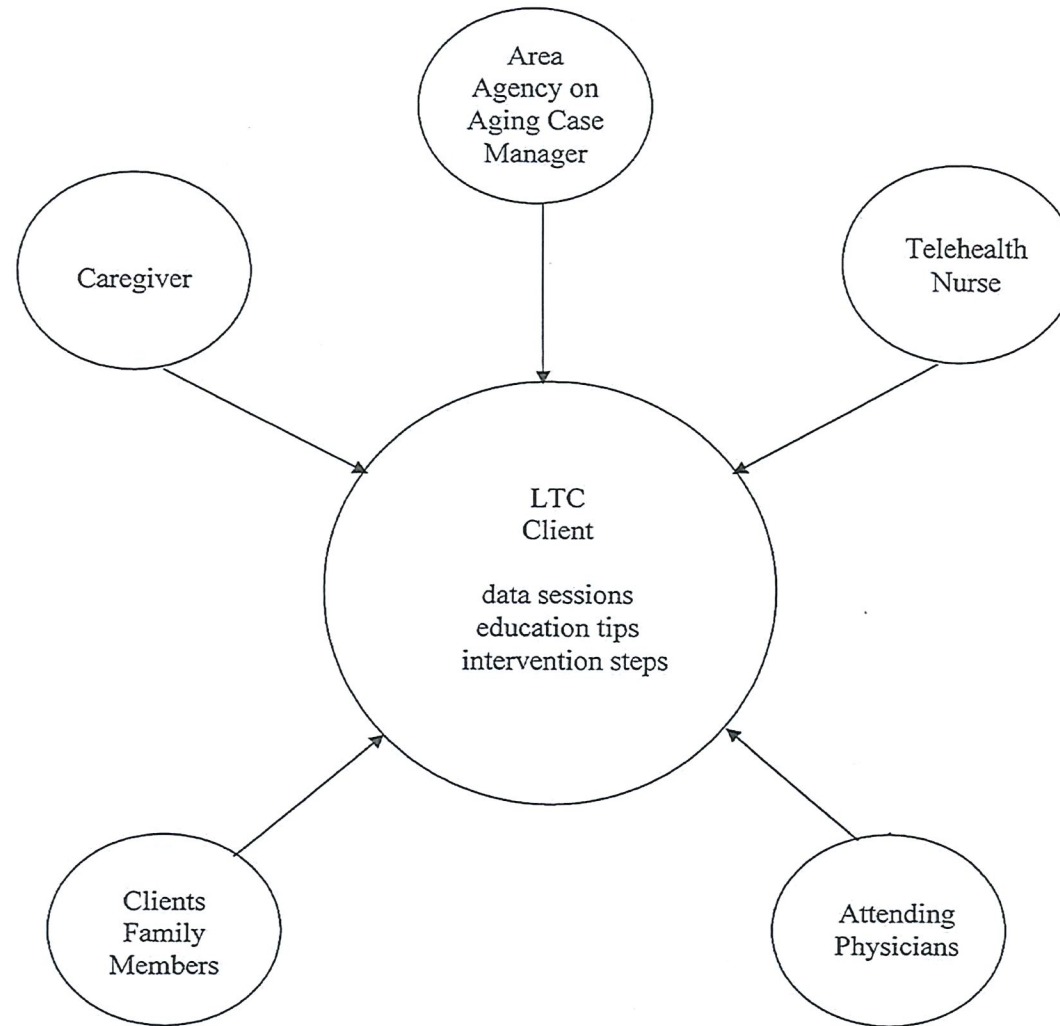
The **TeleStation will transmit** the readings it has received from each device via a **TOLL FREE** number and send them to a **secure, password protected website** so that the **TeleHealth nurse can see them**. This transfer happens about 15 – 20 min after the first measurement was taken, giving Mary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



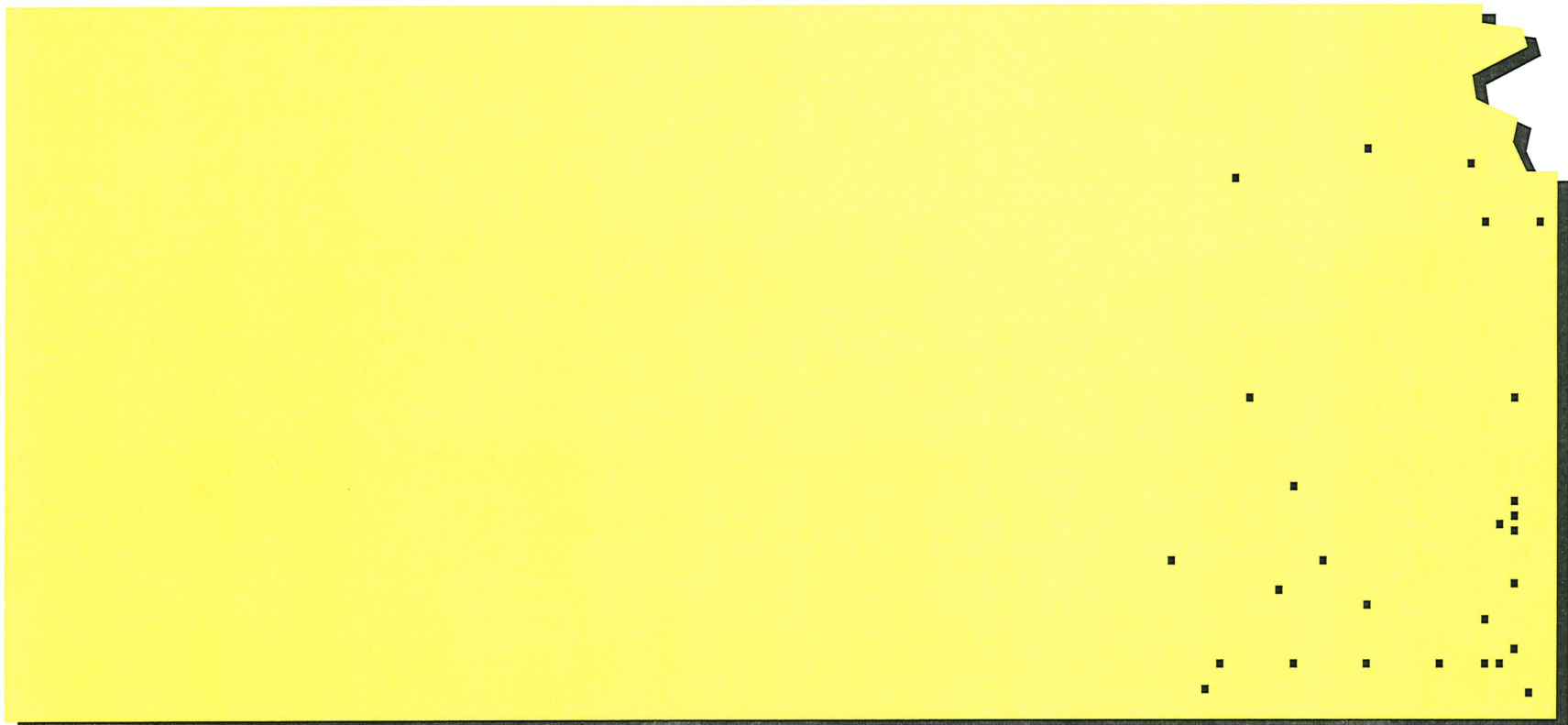


## Care Coordination and Integration Expansion





# 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

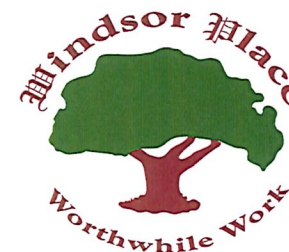
Oswego-1  
Parsons-1  
Scammon-1  
Olathe-2  
Howard-1



NF

HCBS

	<p>Approx 10,400 people are here approx cost \$3200 per month</p>	 <p>seniors/funding source want to move this trend from NF to HCBS</p>	<p>Approx 6100 frail elders are here approx cost \$1150 per month</p>
medical/clinical needs	RN/LPN's provide care here		<p>There is a void of care here.</p> <p>Telehealth would fill this need and allow seniors to stay in their homes longer.</p>
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



# 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.

## Long Term Care

	NF	HCBS
medical/clinical needs	RN/LPN's provide care here.	<p><b>There is a void of care here.</b></p> <p>Telehealth would fill this need and allow disabled persons to stay in their homes longer and out of the hospitals.</p>
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.

# Contact Information

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