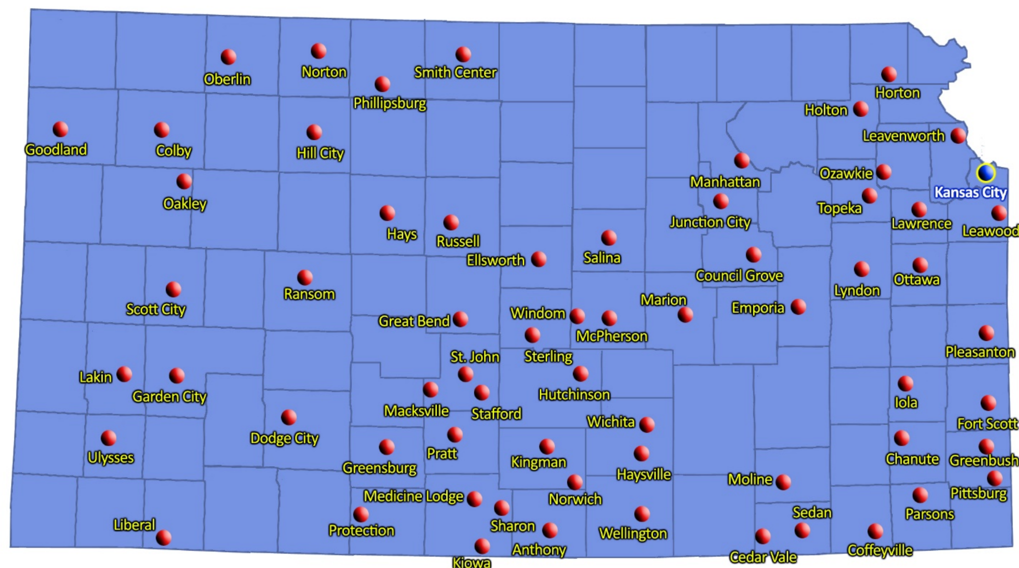
The University of Kansas Medical Center

Center for Telemedicine & Telehealth

Telemedicine Study, Special Committee on Health
Testimony, Eve-Lynn Nelson, Director, KU Center for Telemedicine & Telehealth (KUCTT)

Good morning Chairman Hawkins and members of the Special Committee on Health. My name is Dr. 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 (KUMC) or the views of university administration. I am here today to provide information about how telemedicine has helped my own patients and those receiving care through the Center.

The KU Center for Telemedicine is celebrating 25th anniversary, with almost every Kansas' county having telehealth success stories. Telemedicine continues to offer needed support in advancing healthcare's quadruple aim—reducing cost, improving patient experience, improving patient outcomes, and improving the provider experience/well-being. KUMC specialists see these advantages every day in their patient encounters across the range of telehealth sites, partnering with local healthcare coordinators to advance health and healthcare for patients. We believe telehealth, when utilized wisely, can reduce provider practice costs, improve their productivity, and facilitate triaging for specialty care.



I'd like to share just a few recent examples of patients across the lifespan, coming from the Center's 60+ telemedicine sites (please see the map above). The focus of these stories is telehealth's potential to improve quality of care, and ultimately, help improve the state's key health status indicators. They mirror the growing evidence-base supporting the use of telemedicine, including organizational guidelines (Bashshur Team, 2014-present; Myers & Nelson, 2017).

1. *Autism evaluation and feeding clinic, central KS:* A rural school-based autism team assisted a young boy with complex health needs in virtually connecting with the autism diagnostic clinic over televideo. The family was very appreciative being able to be seen with their trusted local team and without the need of a 4-hour drive that was uncomfortable and distressing for the child. The complex patient was diagnosed with Autism, growth problems, endocrine problems and referred to several clinics, including the telemedicine feeding clinic. The multidisciplinary feeding team evaluated him

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because he was not eating solid food and was entirely sustained on liquids like pediasure, with high distress/pain during feeding. Having the visits via telemedicine was not only convenient for the family but also allowed the school providers to attend (about 5 schools providers have attended every visit we've had with the family). By catching this child early, the child received the highest quality care in his home community and the coordinated care supported him in making an impressive amount of progress.

2. *Toileting clinic, SE Kansas:* A bright Kindergartner faced teasing and the possibility of repeating a grade due to a history of constipation and daily soiling accidents. She had accidents all through Kindergarten and because of this, she was repeating Kindergarten. As part of KUCTT's Telehealth ROCKS program, the telepsychologist collaborated with the family and the child's local PCP to change her diet and institute behavioral training for home/school, resulting in no longer having accidents, decreased teasing at school, increased grades, and comments such as "I love school!"

3. *Behavioral clinic, NE Kansas.* After the death of her mother, a freshman at a metropolitan high school became neglectful of her diabetes care and increasingly depressed. She also experienced challenges with bullying. The telepsychologist assist with grief and depression strategies and helped her reach goals at home, school, and with friends. This lead to a broader collaboration with the school, helping teachers and school staff understand the early warning signs of depression and offering practical strategies to support students. The student is now thriving in college.

4. *Psycho-oncology clinic, Western Kansas.* A woman with long-standing mental health problems was being treated for cancer and became very depressed. The telepsychologist worked together for over 24 months, allowing the patient to cope with several stressful concerns, including her illness, financial worries, and interpersonal conflicts. The telemedicine support and collaboration with her local social worker and healthcare team helped decrease the patient's depression and allowed her to complete cancer treatment.

5. *TeleHospice, NW Kansas.* Using secure videoconferencing over iPads, hospice nurses connect with the rural hospice medical director in order to assist with pain control and symptom management. The rural hospice's interdisciplinary team, including the hospice medical director, often participate in family meetings via secure videoconferencing, increasing support for the patient and the caregiver(s). (Please see Ms. Kuhlman's Hospice Services Inc. written testimony for additional examples.)

6. *KUCTT research:* Our research teams are also evaluating home-based telehealth for patients and their caregivers across many conditions, including televideo interventions for patients with pediatric obesity, pediatric diabetes, child trauma, HIV positive, and home parenteral nutrition. The relatively low-cost telehealth interventions show early promise, including enhanced quality of life and the potential to reduce infections among critically chronically ill patients.

We hear similar stories everyday but the ones above epitomize many of the best reasons that telemedicine is such a powerful tool to help patients and their families, in collaboration with local healthcare and school supporters. While Kansas continues to have strengths, there are several barriers that have limited telemedicine advancement in Kansas. Kansas lags behind neighboring states and nationally in addressing barriers around telehealth reimbursement, earning a grade of "F" in several categories. Based on barriers that we hear from providers and patients— as well as lessons from other states—some key areas for consideration include:

1. *Definition for telehealth and telemedicine.* As consumers and providers communicate with payers, it is sometimes unclear whether the terms are being consistently and how this information is being shared with patients and families. Based on the experience of other states and national association

guidance, we encourage considering definitions that encompass the full range of healthcare professionals and health and healthcare services being offered over telemedicine technology (please see additional educational materials from the Heartland Telehealth Resource Center testimony).

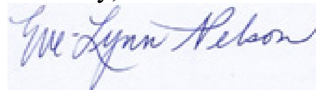
2. *Reimbursement.* Without predictable, transparent reimbursement in telemedicine, our Kansas' specialists are more hesitant to start telehealth and further extend access across the state. Unknowns in telehealth reimbursement often lead to confusion and difficulty for our rural and other underserved 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. Unfortunately, we have begun to hear from more families struggling with insurance geographic restrictions to receiving care, including telemedicine care from specialists based in metropolitan areas. This is particularly concerning as the rural areas served often do not have the specialists locally and had relied previously on telemedicine. We believe Representative Kelly's legislative efforts in 2017 are a step toward decreasing this barrier as it advances transparency in reimbursement.

3. *Kansas telehealth providers.* As highlighted in the examples presented previously, and many other examples across the state, Kansas specialists/specialty teams offer exceptional evidence-based care options for families. It is important to consider how Kansas' telehealth policy may be supportive of these Kansas-based providers, as well as taking into consideration national telehealth organizations.

4. *Workforce.* Telemedicine opens the door to new opportunities in workforce development and support. This includes both training about telehealth best practices with our trainees and practicing professionals, as well as opportunities to help trainees get the training they need locally through telesupervision. Broader telehealth approaches such as the telementoring approach Project ECHO offer innovative ways to use the same telehealth technologies for "virtual curbside consultation" in order to help keep patients close to home.

We support the committee's efforts to help patients and families gain access to telehealth options and applaud efforts to empower consumer choice, while at the same time balancing consumer safety by articulating best telehealth practices. With the exceptional healthcare teams in Kansas and their incredible commitment of Kansas' communities and local healthcare teams, it is an opportune time to advance telehealth in our state. We look forward to working with the committee as it considers strategies to enhance telemedicine growth, especially among Kansas' specialists. Thank you for the opportunity to address the committee, I welcome your questions.

Sincerely,



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