Kearny County Hospital
Family, Friends, Neighbors

TO: Chairman Hawkins and 2017 Special Committee on Health

FROM: Benjamin Anderson, Kearny County Hospital Chief Executive Officer

DATE: October 10, 2017

RE: Telemedicine Testimony

On behalf of Kearny County Hospital, I am writing this letter to advocate for telemedicine payment parity.

Kearny County Hospital (KCH)/High Plains Retirement Village (HPRV) is a frontier health delivery complex in Lakin, 260 miles west of Wichita. KCH serves people from nearly 30 countries, including refugees from some of the most challenged places on earth.

In the past several years, we have successfully coordinated the recruitment of nearly 20 medical providers to various rural sites in our region by forming a network that allows each of them paid time off that is often spent serving in some of the same countries from where our newest neighbors originate. These Millennial physicians cover each other's absences, travel overseas together, and collaborate to serve locally. They share a sense of compassion for vulnerable people and a commitment to social justice. They are choosing to move to our area because of the diversity and suffering that persists there.

Because of these medical providers, we are currently meeting the primary care needs of approximately 20,000 patients across our region. Over the past two years, we have been averaging nearly 200 new patient visits per month from up to 120 miles one-way. We also offer skilled care for nearly 80 vulnerable residents. To accommodate our overall growth, we have added over 100 net-new FTE positions to our staff in the same 10-year period.

According to www.countyhealthrankings.org, there are 51 teen births (ages 15-19) each year per 1,000 females in Kearny County, triple the rate of top performers (17 per 1,000 females). Furthermore, 12% of the women who deliver babies in our hospital experience Gestational Diabetes Mellitus (GDM), more than double the national average (4-6%). Even with prenatal care, GDM, which is more common among black and Hispanic women, increases risks of cesarean sections, polyhydramnios, increased birth weight, admission to neonatal intensive care units, and babies born Large for Gestational Age (LGA).

Amidst these challenges, Kearny County Hospital has gone from delivering under 100 babies per year in 2005 to just shy of 360 per year now, from twelve counties. Since July 1st of this year, KCH has delivered an average of more than one baby per day.

The growth in our Obstetrics service line is partly driven by the Pioneer Baby project, our maternal-child health improvement program. Pioneer Baby is a collaborative partnership between Kearny County Hospital, the KU School of Medicine-Wichita, Via Christi Health, and the Children's Miracle Network. Its purpose is to measure and improve maternal-child outcomes for patients across western Kansas by addressing issues that may complicate delivery and health after pregnancy. Along with this letter, I have included a poster presentation that was published through the Society of Behavioral Medicine, stating the status and needs of the obstetrical population in southwest Kansas.

In August of 2015, the Children's Miracle Network agreed to fund the air transportation of Maternal Fetal Medicine specialist Dr. Michael Wolfe to fly to Lakin once per month to evaluate and care for some of the most vulnerable pregnant mothers in our region. Dr. Wolfe trained nearly all of our Family Physicians to deliver babies through the Via Christi Family Medicine Residency program in Wichita, and continues to empower them to provide excellent prenatal care services to their patients. In the two years he has been traveling to Lakin, our rate of LGA babies born to GDM mothers has dropped from 28% to 16%.

In the case of Dr. Wolfe and Pioneer Baby, parity in telemedicine payments would allow Dr. Wolfe to use simple videoconferencing technology to care for southwest Kansas patients throughout the month, reserving coveted onsite appointments for new patients. It would allow more patients to access his care through real-time appointments and consultations, which would reduce expensive transfers to newborn intensive care units in Wichita. From a global standpoint, the savings from one prevented neonatal transfer each year would more than cover the total cost of all telemedicine exams performed by Dr. Wofle during the same period of time.

Similar opportunities for parity in telemedicine payments exist within other specialties, such as Cardiology, Psychiatry, Neurology, Rheumatology, Gerontology, and Endocrinology. Specialists would fly to our rural area for initial consultations and schedule follow up appointments during their regular clinic days via telemedicine. The necessary technology exists and is affordable. The missing component is equitable and sustainable payments for such virtual services.

Thank you for considering our request for telemedicine payment parity. If you have any questions, please feel free to contact me.

Sincerely,

Benjamin D. Anderson, M.B.A., M.H.C.D.S
Chief Executive Officer
Kearny County Hospital

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"Providing quality, compassionate healthcare services for our community, to enrich the lives of our family, friends and neighbors."

Pioneer Baby: A Quality Improvement Initiative to Improve Pregnancy and Birth Outcomes in Rural Western Kansas

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Introduction

- Pioneer Baby is a collaborative partnership between the University of Kansas School of Medicine-Wichita, Kearny County Hospital (a critical access hospital), United Methodist Mexican American Ministries (a federally qualified health center), the Kansas Department of Health and Environment, and other regional healthcare providers.
- Kearny County Hospital serves 11 counties and experiences a high rate of obstetrical complications including gestational diabetes mellitus (11%) and cesarean delivery (33%).
- Pioneer Baby is structured into four key phases:
  - 1) Health assessment of the obstetrical population
  - 2) On-site outreach clinic
  - 3) Focus group study
  - 4) Health promotion intervention

Pioneer Baby - Objective

Overarching goal of Pioneer Baby: To improve pregnancy and birth outcomes among reproductive-aged rural women.

Health assessment study objective: To obtain information on the risk factors associated with pregnancy complications including weight, exercise, diet, and family medical history.

Methods

Phase 1: Health Assessment – Spring 2015

- Two critical access hospitals and one federally qualified health center participated in the health assessment.
- A survey was administered in English and Spanish. Data were collected on health status, anthropometrics, prenatal education, diet, exercise, health behaviors, family medical history, and demographics.
- Data collection period: January –March 2015.

Acknowledgements

The authors would like to acknowledge the study locations and staff members for providing assistance with Phase 1 of Pioneer Baby.

Funding to conduct Phase 1 of Pioneer Baby was provided by the Wichita Medical Research and Education Foundation, HSC#: WMREF 14-049.

Tables and Figures

Table 1. Phase 1 Health Assessment Participant Demographics

	Frequency N=177	Percentage (%)
Clinic/Hospital		
Kearny County Hospital Family Health Clinic	97	54.8
Scott County Hospital	26	14.7
United Methodist Mexican American Ministries	54	30.5
Type of survey completed		
English	144	81.4
Spanish	33	18.6
Race/Ethnicity		
Hispanic	89	50.3
Non-Hispanic White	81	45.8
Asian	2	1.1
American Indian/Alaskan Native	1	0.6
Multiracial	1	0.6
Other	3	1.7
Age in years		
Between 18 and 25	86	48.6
Between 26 and 35	81	45.8
Between 36 and 45	10	5.7
Mother's education level		
Some high school	36	20.5
Graduated from high school	54	30.7
Some college	62	35.2
Graduated with a bachelor's degree or higher	24	13.6
Current health insurance status		
No	42	23.7
Yes[a]	135	76.3
Women, Infants, and Children (WIC) Program participant		
No	85	48.3
Yes	91	51.7
Annual household income		
$9,999 or less	37	22.3
$10,000 to $24,999	53	31.9
$25,000 to $49,999	42	25.3
$50,000 to $74,999	20	12.1
$75,000 or more	14	8.4

[a]One participant did not provide a type of insurance

Figure 1. Participants with an Immediate Family Member Diagnosed or Treated for Diabetes

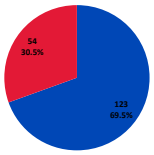

Figure 2. Participants Engaging in Moderate Physical Activity on an Average Day

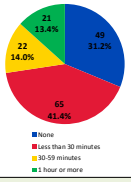

Figure 3. Participants Body Mass Index Prior to Pregnancy

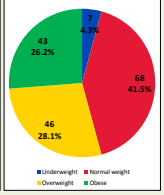

Table 2. Heart or circulation problems diagnosed or treated in immediate family member [ab]

	Frequency (n=43)	Percentage (%)
Heart attack	16	37.2
Other heart or circulation problems	12	27.9
Chest pain from a heart problem	11	25.6
Procedure to unblock narrowed vessels to the heart	8	18.6
Stroke	7	16.3
Poor blood circulation of blocked or narrowed blood vessels to the legs or feet	6	14.0
Blood clots in the legs	6	14.0
Heart bypass operation	5	11.6
Heart failure	4	9.3
Procedure or operation to unblock narrowed blood vessels in the neck	4	9.3
Blood clots in the lungs	1	2.3

[a]Immediate family member is defined as a mother, father, brother, or sister.
[b]Percentage is calculated out of 43 participants who report having a family member with heart or circulation problems.

Results

Phase 1: Health Assessment

- 185 surveys were distributed: 177 rural women participated and 8 women declined. Response rate: 95.7%.
- Most respondents were Hispanic (50.3%), 18-25 years old (48.6%), some high school (20.5%) or high school graduate (30.7%), WIC enrolled (51.7%), and earned <$25,000/yr. (54.2%).
- Prior to pregnancy, 28.1% of women were overweight and 26.2% were obese.
- The majority of women engaged in no daily moderate physical activity (31.2%) or less than 30 minutes of daily moderate physical activity (41.4%).
- The majority of women (63.6%) rated their overall dietary health as good.
- Most women reported receiving prenatal education regarding nutrition (67.2%), physical activity (61.6%), weight management (59.3%), and breastfeeding (51.4%).
- Nearly one-third (30.5%) of participants had an immediate family member with diabetes and 24.3% had an immediate family member with heart or circulation problems.

Future Direction

Phase 2: On-site Outreach Clinic – August 2015

- Establishment of an on-site maternal-fetal medicine outreach clinic for rural women with high-risk pregnancies.

Phase 3: Focus Group Study – August/September 2015

- The goal of this study is to assess what women value in a health promotion program that addresses diet, exercise, breastfeeding, and social support during and after pregnancy.

Phase 4: Health Promotion Intervention

- Study findings will be used to design and implement a health promotion program to lower the risk factors for pregnancy complications and chronic health conditions after pregnancy.

Conclusion

- Health assessment findings inform healthcare providers of the potential for developing chronic health conditions during pregnancy and postpartum.
- Results from Phase 1 provide the foundational framework for an intervention that aims to improve health outcomes among underserved reproductive-aged rural women.