

HOSPITAL DISTRICT #6

Anthony Campus
1101 E. Spring ■ Anthony, KS 67003
620-842-5111

Harper Campus
700 W. 13th St. ■ Harper, KS 67058
620-896-7324



October 11, 2017

To: Interim Special Committee on Health

From: Martha Hadsall, Chairman of the Board, Hospital District #6, Harper County

The opportunity to provide written testimony to this interim committee is appreciated by the boards and staff of Hospital District #6 in Harper County. The impact of telemedicine is transformational.

Transformation of rural health care:

- Anthony Medical Center and Harper Hospital were approached by Neal Patterson, co-founder of Cerner and an Anthony High School alum, to partner in the creation of a new model of rural health care. Two separate hospital districts will become one district on November 1, 2017. Multiple studies indicated the most financially sustainable model included a new facility by reducing duplication, controlling property tax, and providing additional services.
- The new facility design supports disruptive innovation with three key areas: Stay Well, Get Well, and Eat Well. Sixty acres of land has been purchased adjoining Chaparral High School for the health campus. This location also promotes the Transitions to Careers program for local students.
- Although our patients will need to travel to Wichita for complex surgeries, we want to provide pre/post visits, skilled nursing, swing bed, and rehabilitation/physical therapy services.
- We also want to provide services that promote wellness and prevent illnesses. We want to successfully improve the health of Harper County residents.

Telemedicine is an integral part of that transformation:

- A variety of specialists come to our communities on a monthly basis, but telemedicine could increase access to those specialists on a real time basis.
- Telemedicine can support our nurse practitioners and physician assistants in the clinic, in the ER, and with inpatients.
- Anthony's mid-levels rave about the new skills they learn through the partnership with Eagle Telemedicine allowing us to treat the patient locally and not need to send them to Wichita. Harper has a telemedicine contract with American Telehealth.
- We also have a partnership with Children's Mercy saving parents costly trips to Kansas City for checkup and monitoring appointments.

Telemedicine promotes valued care:

- When patients must travel an hour or more for an appointment, it creates disruption in work schedules for their employers.
- An elderly patient often requires a family member to take off from work to drive them to the appointments because they are uncomfortable driving in a larger city.
- Diagnostic testing can be completed locally and reviewed through a telemedicine specialist. The specialist can visit with the patient through the robot and a mid-level can assist with any necessary procedure or test.
- Using telemedicine allows a facility to have 24/7 coverage by a doctor at a lesser cost than hiring doctors to cover the same hours, often impractical in a rural setting.

Issues to consider as regulations are created:

- Rural hospitals must be compensated for the expenses of telemedicine. The list of services available for telemedicine reimbursement needs to be expanded. As of now, there is a very short list of services that are reimbursed if delivered via telemedicine. Reimbursement for telemedicine visits must be available for all payor types.
- Regulations requiring a doctor's supervision should include not only a doctor physically in the building but also a doctor available through telemedicine.

Examples of successful use of telemedicine:

- A hospitalist with Eagle Telemedicine related this story. The group serves as the doctor for a remote hospital in Oregon from their offices in Lawrence, KS. The hospital has only mid-level providers (nurse practitioners or physician assistants). A serious case came to the ER. The hospitalist worked with the mid-level to determine the patient needed to be transferred by helicopter to Boise, Idaho. This story demonstrated how telemedicine changes health care delivery with a doctor in Kansas working with a mid-level in Oregon to send a patient to Idaho for treatment. It is transformational.
- When a patient is transferred after surgery in Wichita to a swing bed unit in a rural hospital, the rural hospital must assess the patient. The assessment requires a doctor. If it is a weekend, the doctor can be the hospitalist through telemedicine. It allows a patient to return to the hometown facility when the patient is ready. It puts the patient first and promotes valued care by leaving a post op unit for a rehabilitation unit.

A personal story:

- My husband recently had back surgery. His clearance for surgery from the cardiologist was handled locally in the specialty clinic. His surgery was performed at the Kansas Spine Hospital. The six week post-surgery checkup is scheduled for the end of this month. It means an hour and a half drive to the northeast side of Wichita. He is restricted to riding in a vehicle for 30 minutes without a walking break.
- Since it is his second back surgery, I know the surgeon will not perform a physical exam. He will discuss the recuperation process with my husband, order physical therapy that will be delivered in Anthony, and review the MRI. The MRI could be performed in Anthony. All of these actions could be performed through telemedicine. It would save the uncomfortable 3 hour roundtrip drive. I view this option as "patient first" health care, disruptive innovation, and "valued" care.

An offer:

- Our new facility, Patterson Health Center, could be a pilot program for telemedicine. In our goal to redesign rural health care, we can be the model to demonstrate innovative methods of delivering health care. We can partner with large medical centers across the country, specialists, Veterans Administration, and other health care deliverers to put the patient first, use operational efficiencies that promote valued care, and positively impact the health of our citizens. Our partnership with Cerner opens many technological opportunities.
- In a letter to the hospitals' boards, Neal Patterson wrote, "Today with information and medical technologies, it is possible to design a rural system with access to almost all of the care standards and specialty skills of a large national integrated health system—a system that helps right decisions to be made with the right skills at the right time. Simply speaking, lives will be saved, and more health care will stay in the community, which brings real economic benefits to the community."

Thank you for your consideration of our comments. Please feel free to contact us if you have questions or require additional information.

Patterson Health Center (preliminary sketches):

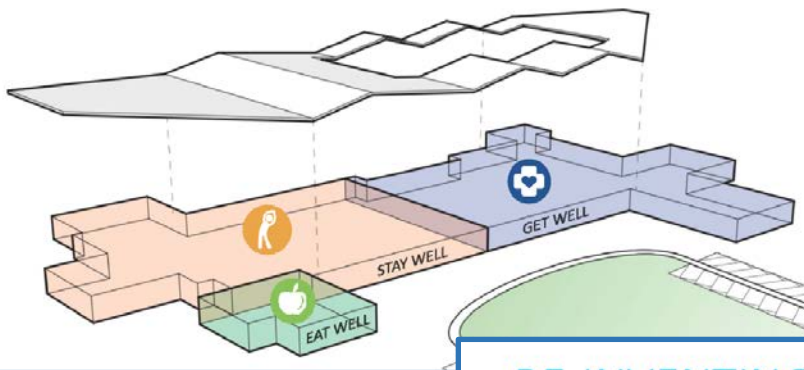
The vision of Neal Patterson for a model of rural health care lives on through his children on the Patterson Family Foundation, his colleagues at Cerner Corporation, and the citizens of Harper County.



PHASE 1 SCHEMATIC DESIGN

gouldevans | Patterson Health Center

DESIGN DRIVERS – EAT WELL, STAY WELL, GET WELL



RE-INVENTING RURAL HEALTHCARE

