



House Insurance and Financial Institutions Committee

Tuesday, February 6, 2007

HB 2065: Telemedicine Reimbursement

Testimony in Favor Offered by the University of Kansas Medical Center

Conferee: David Cook, Ph.D.

Assistant Vice Chancellor for External Affairs, KUMC

Testimony

Chairman Shultz and members of the committee, my name is Dave Cook, and I serve as Assistant Vice Chancellor for External Affairs at the University of Kansas Medical Center in Kansas City. In that capacity, I oversee many outreach departments, including the KU Center for Telemedicine and Telehealth. Prior to becoming Assistant Vice Chancellor, I served as director of the telemedicine center. Our current center director, Dr. Ryan Spaulding, is at a telemedicine conference in Washington, DC, right now and is therefore unable to be with us.

KUMC is in favor of a level playing field in reimbursement for telemedicine services. The technology has more than proven itself, and in recognition of that, Medicare and Medicaid already reimburse for a number of telemedicine services. Medicare's policy was first implemented in the mid-1990s, then updated in 2001. Kansas Medicaid's policy recently went into effect in August of 2004. Telemedicine and telehealth capabilities allow us to expand access to rural and underserved areas – not just basic services, but we are able to provide subspecialty and tertiary-level care that would not otherwise be available. A level playing field in reimbursement would make even more subspecialties available because a stable reimbursement scheme helps us recruit physicians into this program.

We have been fortunate to work with Blue Cross Blue Shield, who has been a true frontrunner in telemedicine reimbursement. At KUMC, we believe the next logical step is to ask all insurance companies to step up. This legislation lays the groundwork for that next step, and

we believe it would be highly beneficial to Kansans if all insurance companies could reach the same telemedicine reimbursement level as Medicare and/or Medicaid.

To put a face on this care, Dr. Gary Doolittle's oncology practice is a great example of how telemedicine increases access to high-quality specialty care. Some of his rural cancer patients need to travel to KUMC and see Dr. Doolittle in person, but those visits are primarily for chemotherapy and other less frequent treatments. For crucial interim follow-up visits, Dr. Doolittle uses telemedicine technology to communicate with and examine patients as well as coordinate better with patients' primary physician. It would be wonderful if we could have more physicians like Dr. Doolittle providing an increasingly wider range of services in areas of Kansas where they are desperately needed.

Our current patient load is approximately 3,000. When you consider that the population of the entire state is about 2.7 million people, 3,000 is just a drop in the bucket. However, for those 3,000 people, telemedicine services are important and can mean the difference between care and no care.

I am certain you will hear several different perspectives as you consider this legislation – physicians, hospitals, and insurers. We at KUMC can only attest to what we know, and we know telemedicine increases access to high quality health care services. We look forward to working with you and all stakeholders as we progress toward uniformity in telemedicine reimbursement.

Thank you for your time. I am happy to answer any questions you might have.

For further information, please contact:
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