Newton Medical Center

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To: House Health and Human Services

From: Vallerie L. Gleason, President and CEO

Date: October 12, 2017

Re: House Bill 2206

Newton Medical Center (NMC) appreciates your willingness to consider this testimony regarding coverage for hospitalist-types of telemedicine services.

In August of 2016, NMC became the first acute care hospital in this area to utilize telemedicine for hospitalists and in February 2017, tele-stroke services.

- **Hospitalist**: an on-site physician who specializes in hospital-based medicine.
- **Tele-hospitalist**: a remote physician who sees patients in hospital by way of synchronous and simultaneous camera/sound/computers utilizing peripherals such as a stethoscope in a "virtual visit." During the virtual visit the physician, directly and in "real time" interacts with the patient, patient's family/visitors/clergy.
- **Tele-stroke**: the use of a remote neurologist to assist on-site emergency department physicians or hospital staff to diagnose and prescribe appropriate clinical care for an appropriate clinical site, even if that means transferring the patient to a higher level of care. But it helps us avoid transferring someone who does not need to leave our hospital. It removes doubt because it brings the appropriate specialist directly to the patient's bedside. Besides tele-stroke, other **tele-specialists** exist: nephrology, pulmonology, pediatrics, etc.)

NMC engaged tele-hospitalists when a hospitalist shortage arose locally. We have had a full-time hospitalist opening since February 2016. We have spent over $100,000 in recruiting fees and nearly three times that amount engaging contract "locum tenens" physicians to cover this shortage. Our remaining physicians needed night-time relief so they could work 12-hour and not 24-hour shifts. Noctournal tele-hospitalists were the answer, providing a more sensible solution than attempting to recruit an entire replacement night shift physician staff. Since most physicians in medical practice no longer see patients in the hospital, this single issue of providing uninterrupted 24/7 hospitalist staffing became crucial to NMC's survival, local access to hospital care, and the vitality of this community.

Tele-physicians must hold a Kansas license, have malpractice insurance; and have proof of Kansas Healthcare Stabilization coverage. They must apply for Medical Staff Membership at each hospital where they want to serve and must be granted privileges by the hospital's Board of Directors just like every other doctor. They must participate in the Quality Assurance/Performance Improvement activities of the hospital as well as Focused and Ongoing Professional Practice Evaluation by the Medical Staff. They must abide by the Bylaws, Rules/Regulations of the Medical Staff and hospital. Their practices are addressed

at 42 CFR 482.12 amd 482.22. Hospitals' detailed contracts with tele-hospitalist services are also governed by 42 CFR 482.12 and 482.22.

Despite these requirements, their services are not billable or eligible for reimbursement by any payer. They are considered virtual visits and not "face-to-face." I request relief of this prohibition. This service is legitimate and should be fully covered and eligible for payment.

Tele-hospitalist medicine brings benefits to Kansas and Kansans (See also Table 1)

- Patients and their healthcare dollars stay at home.
- We avoid unnecessary transfers away from home, family, and social support.
- In the case of noctournal tele-hospitalists, the physician is awake and waiting for us to text or call. The RN (or on-site physician) on duty receives expedited feedback and patient recommendations on demand and throughout the night.

The service is innovative, creative, efficient, financially-justifiable and has proven satisfying to patients of all ages, to physicians, and to hospitals. As a hospital CEO, I have not received one single complaint or grievance from a patient or family member who has been cared for by the tele-hospitalist. Nor have I received any complaint from any physician or hospital RN about the quality of care provided by the tele-hospitalist.

I've taken the liberty of attaching a Table of Advantages and Disadvantages of a tele-hospitalist service and a list of helpful websites.

Thank you again for your interest in tele-hospitalist medicine – a way to:

- Improve access to healthcare
- At a better cost
- By delivering high-quality care by satisfied providers.

I submit to you tele-hospitalist medicine is a legitimate medical service that merits reimbursement.

If there is additional clarification I could provide, please do not hesitate to contact me. 316.804.6003.

Thank you for considering my testimony.

Table 1: Tele-Hospitalist Advantages and Disadvantages

Advantage	Disadvantage
New model of care supports local access to care, supports local hospital staff, reduces unnecessary transfers to larger centers, and helps patient retain local support from family/clergy/friends; avoids transfers to tertiary centers that could be more effectively treated in home community. Supports local jobs.	None. Larger hospitals may experience decreased census as local patients are kept close to home.
Access to care around-the-clock is retained in local hospital.	None
Hospitalists who previously worked 24-hour shifts can sleep uninterrupted at night.	None. Rested physicians are preferred.
Hospitals avoid hiring duplicate, expensive medical staff for night shift who typically end up asleep for all or parts of the shift – instead calling a tele-hospitalist physician on-demand who is alert, awake, and waiting for the call while covering several hospitals.	None. Total costs are decreased when unnecessary duplication is eliminated.
For small and mid-size hospitals, hiring a tele-hospitalist service is more prudent than hiring on-site physicians. Economies of scale are attained when a tele-hospitalist can serve several hospitals simultaneously.	The tele-hospitalist service is completely subsidized by each hospital. Patient visit (encounters) are not captured on the bill and hospital loses legitimate reimbursement in addition to bearing the program cost.
Tele-hospitalists provide solution to semi-rural and rural physician recruitment headaches and costs, including high Locum Tenens costs (can be as much as 4 times the cost of a local physician and more than 7 times the cost of a tele-physician service.)	None.
Emergency Room physicians can hand-off patients for admission to tele-hospitalist in a matter of minutes.	None.
Night shift RNs have immediate access to a physician who is fully alert, awake and waiting for incoming calls. Tele-hospitalist responds to emergencies such as Code Blue or Rapid Response.	None.
Process: the tele-physician visits with admitting physician, admitting RN, patient, patient's family, and then completes an admitting note, Conducts a History and Physical exam, and provides immediate orders. Tele-hospitalist uses the computer (at NMC we use In-Touch technology) and	If palpation (laying on of hands) is required, an on-site physician or mid-level provider must come and see the patient. In much smaller hospitals, if such a provider is not present, then an off-site transfer probably must occur to ensure patient's safety.

peripherals such as an e-stethoscope to perform the patient examination.	
Tele-physician conducts an end-of-visit quality check and ensures that patient, family, and hospital staff have no further questions or concerns. Satisfaction with end-of-visit feedback is documented by the tele-hospitalist. (Note: at Newton Medical Center, I have never, repeat NEVER received a complaint or negative feedback from a patient about the tele-hospitalist – even among the elderly who we thought would be resistant to the concept of a "robot doctor.")	None.
RNs have immediate access to physicians. At this hospital they are communicating with the tele-hospitalists > 600 times per month. That is more than they would have called the prior hospitalist who may have been up for more than 24 hours, depending on the shift schedules. RNs do not hesitate to call the physician during the night because the physician is awake and awaiting calls. There is no anxiety about waking up a doctor who may already be fatigued.	None.
Sub-specialization in tele-hospitalists is now occurring. Hospitals can now receive services such as Neurology, Psychiatry, Pulmonary (lungs), Nephrology (kidneys) and Intensivists (critical care medicine support) through tele-hospitalist contracts.	None
Tele-hospitalists know and utilize the hospital's electronic medical record.	Tele-hospitalists must develop competence with several electronic medical record platforms.
Tele-hospitalists are part of the Active Medical Staff. Their care records are subject to the same quality oversight as on-site physicians. They admit patients and fully participate in the care team. Noctournal telehospitalists make themselves available during daytime hours to answer questions about what they ordered during the night.	None.

Helpful websites:

- https://www.eagletelemedicine.com/telemedicine-services/ (Accessed 09/18/17) (Note: this is the tele-hospitalist service used by Newton Medical Center, Susan B. Allen Memorial Hospital, McPherson Hospital, and several others throughout Kansas.)
- http://www.sunflowertelemedicine.com/ (Accessed 09/18/17) (This is the in-state group that provides our tele-hospitalist service. They are contractors of Eagle Telemedicine.)
- https://www.intouchhealth.com/ (Accessed 09/19/17). (Note: this is the technology that the aforementioned hospitals utilize.)
- http://www.todayshospitalist.com/doctor-plugged-embracing-telehealth/ (Accessed 09/18/17)
- https://www.ncbi.nlm.nih.gov/pubmed/24660844 (Accessed 09/18/17)
- https://www.newtonmed.com/newton-medical-center-implements-telemedicine-program/ (Accessed 09/18/17)
- https://www.youtube.com/watch?v=AJ5mauDjTuA (Accessed 09/18/17)