



## Susan B. Allen Memorial Hospital supports the use of telemedicine for the Medicaid population.

**Opening:** On behalf of Susan B. Allen Memorial Hospital (SBAMH), our Board of Trustees and the citizens we serve, I am here today asking this advisory panel to approve full funding of House Bills #2206 and #2254 for telemedicine services. The testimony I have prepared was done with input and support of our district representative, Mary Martha Good, and Kansas State Senator Bruce Givens.

SBAMH is an independent, not-for-profit community hospital located in Butler County, the largest county in the State. Our service area reaches to the edge of urban Wichita to the west and a fairly large rural market to our north, east and south. We are the only community-based hospital in the county with specialty services such as: OB/GYN, Renal Dialysis, Cancer Center (with both Medical and Radiation Oncology), Home Health, Private Duty nursing and telemedicine. SBA is currently involved in the transformation toward a Population Health philosophy that embraces new approaches to deliver high quality, cost effective healthcare services to all patient populations but especially those that are rural, underinsured and underserved.

One of the gaps identified through our 2016 Community Health Needs Assessment indicated our service area was short 6 Family Practice providers. This shortage led to the development of key strategies focused to improve the delivery of healthcare services with limited provider resources. Thus, the use of telemedicine was incorporated in the 4 new service delivery models listed below:

Inpatient – Telehospitalist care

eSusanB – Virtual Immediate care telemedicine

eSusanB – Virtual School nursing

Nurse navigation with telemedicine patient education and post-hospitalization care

**Inpatient:** A nocturnal (6 p.m. – 6 a.m.) telemedicine service was implemented in March 2017. This provides physician presence 24/7 to inpatients using robotic technology and accessories (stethoscope, etc.). This has been a patient satisfier, as inpatients report they receive more face-to-face personal attention by a physician than in the previous model. Nursing staff feel more supported and receive more interaction, more frequently, with a very collegial relationship with a provider who responds within one minute of paging via a secure texting platform.

SBAMH is able to keep a higher acuity inpatient with 24/7 physician presence, and this would be true for any facility. On-site day shift hospitalists have higher satisfaction by being able to enjoy 12 hours between shifts. Primary care physicians have higher productivity in their clinics because they are not called in to the hospital to address patient needs at night, and can see more patients in the office during the day. Discharged patients have better outcomes because of the higher intensity treatment possible during the hospitalization with greater physician involvement.

At this time SBAMH is working with the same telemedicine service company to provide next-day teleneurology and psychiatry consultation to inpatients. This will provide support to on-site attending physicians through consultations from specialists not available on-site.

This service will provide inpatients with a consulting specialist, allowing them to experience a first-visit before discharge, to follow-up with a local specialist (who may be booked for several weeks/months before an available appointment). These services are designed to improve patient compliance with inpatient discharge instructions and decrease unnecessary post-discharge hospitalization or readmissions

**Telehealth app:** SBAMH has launched the eSusanB mobile telemedicine app, which allows any community member to connect via mobile app (phone, iPad, and tablet) to a local, mid-level provider to receive a visual, verbal medical office encounter.

SBAMH is in the process of adding a telemedicine kiosk to its Community Care Clinic located in the El Dorado YMCA. This partnership with the YMCA will make available a telemedicine medical assessment and other health related services to those underserved clients participating in one of the community services, such as: Butler Homeless Initiative.

**School Nursing:** SBAMH has contracts with four local school districts to provide a “school nurse” via telemedicine, provided by a mid-level practitioner. This service is being placed in schools where district funding has led to elimination of an actual on-site nurse. In many cases, the school nurse position has been absorbed by counselors or secretaries of the school.

SBAMH recognizes that for many children, the school is the only place healthcare is available. Plans are ongoing to provide access to a pediatric allergist who will provide education to teachers and staff regarding triggers of pediatric asthma. By recognizing early warning signs, immediate action can be taken to avert the acute situation, thereby avoiding a costly trip to the emergency department or hospital. This pediatric allergist may also provide podcasts or audio conferences to families to control chronic disease and reduce the number of crises throughout the year, reducing the overall cost of healthcare.

School-based community health clinics are an even greater area of need. Once the underserved are aware of healthcare in the schools for children, it is a natural extension to hold periodic family clinics via telemedicine. Increased access and wellness education to the underserved will again decrease the overall costs of healthcare.

**Nurse Navigation:** Nurse Navigation is a method of following discharged inpatients into the community and their homes to provide supportive nursing care and advice in order to prevent costly readmissions. SBAMH is planning to loan iPads to eligible discharged inpatients in order to communicate with nurses and other health professional about needs that arise after leaving the hospital. Decreasing readmissions is a critical component of reducing healthcare costs. Navigation uses telemedicine as a benefit to the underserved by minimizing the windshield time of a valuable caregiver and providing care to more underserved patients at home.

**Conclusion:** SBA is proud of its independence and community focus. We have been responsive to the needs of our communities' health through: innovation, partnerships and desire to serve all who seek our assistance. Fully funding House Bills #2206 and #2254 for telemedicine programs would allow us to continue to expand our services to others in need. It was my honor to present to you today. Thank you for your time.