



**Testimony of  
Mary Fuska  
Operations Manager  
Telehealth Services & Videoconferencing  
Children's National Medical Center**

**Bill 20-50  
Telemedicine Reimbursement Act of 2013**

**Committee on Business, Consumer, and Regulatory Affairs  
District of Columbia City Council  
February 7, 2013**

Children's National Medical Center (Children's National) is pleased to support Bill 20-50, the "Telemedicine Reimbursement Act of 2013." Children's National commends Councilmember Mary Cheh for her leadership in introducing Bill 20-50.

***About Children's National***

Children's National Medical Center, a 303 bed not-for-profit academic medical center located at 111 Michigan Avenue, NW, has provided hope to sick children and their families for more than 140 years. With Children's Hospital, seven primary care facilities, one outpatient center, two facilities providing specialty care services, and two pediatric practices located in the District of Columbia, Children's National is proud to provide convenient, high quality pediatric primary and specialty care to the District's children and families.

***Overview of Telemedicine***

Telemedicine has proven to be an outstanding technique for healthcare providers and patients/families to collaborate on clinical and educational information to improve the health of children. Telemedicine technologies support diagnoses, second opinions, and education throughout the world, connecting hospitals, clinics or physician and patient homes. Medical data is sent to our specialists for review via telecommunications (internet, videoconferencing, secure file transfers, virtual private networks, etc.). This information can be viewed by physicians asynchronous (not at the same time) or synchronous (at the same time).

Children's National uses telemedicine services to deliver high-quality, cost-effective care to underserved populations – improving their access, continuity of care and overall health. Children's National will support the use of digital technologies in the practice of medicine that is patient-centered, population-based and timely.

## ***Telemedicine at Children's National***

Although development of telemedicine began at Children's National in the early 1990's, our first highly successful program began in April 1998 when I established a telemedicine link between the nurseries at Holy Cross Hospital in Silver Spring and the echocardiography laboratory at Children's National. Echocardiography is an ultrasound of the heart.

14 years later, Children's National has close to 100 national and international telehealth connections. In addition to our regional partners, we have connections in 19 countries and 20 states in the US, including the District. Our clinicians have conducted more than 11,000 consultations in cardiology, neurology, radiology, neonatology, dentistry, genetics and other subspecialties. Cardiology alone is growing rapidly at more than 1,000 consultations a year. Children's National has also conducted more than 3,000 conferences and distance education offerings.

Children's National utilizes an enterprise video network for live and asynchronous services for clinical, educational and administrative uses. Additionally, it has desktop conferencing & education content portals.

The Children's National Telehealth Program is the only program in the region focused exclusively on pediatric health care. Moreover, while many telemedicine programs tend to focus on rural areas, our programs target underserved and at risk children in urban and suburban, as well as rural communities regionally, nationally, and in several developed and developing countries. Our existing telemedicine partnerships have successfully kept thousands of children in remote or transiently underserved areas safer and healthier.

Each year at Children's National Medical Center over 300,000 children receive health care, including primary care and life-saving surgeries and treatment. Close to half of our annual 300,000 patients are insured by Medicaid and the other half has private insurance. During this same time period, our telehealth program provided timely, accurate diagnoses and treatments for more than 3,000 children regionally, nationally and internationally; educated 300 medical providers; and helped to reduce families' expenses and unnecessary travel time. In addition, our community-based health care initiatives significantly improve health outcomes for children with asthma, obesity and other illnesses.

## ***The Need: A Vision of Equal Access to Care for All Children***

The availability of pediatric clinical services varies markedly throughout the United States. Subspecialist shortages, socioeconomic status and location can potentially affect access to timely care, whether a child lives in a thriving urban area or a remote rural town far from a hospital or pediatric practice. Children's National knows from its 14 years of experience in the field that telehealth technologies can make a significant difference for these children and their families. Our vision for telehealth is to apply existing and emerging technologies to pediatric health care, erasing distance and other barriers in order to bring the promise of better health within reach of all underserved and at-risk children wherever they may live, and regardless of their personal circumstances.

Access to pediatric specialty care is critical to children with chronic and life threatening conditions. Because children are generally healthy, however, pediatric specialty care such as cardiology, neurology and oncology is regionalized and concentrated in children's hospitals.

As a result, families with sick children often must travel outside their communities to access necessary care. Children's telemedicine services bridge this gap by conveniently and efficiently facilitating consultations between Maryland hospital medical teams and Children's specialists.

### ***The Solution: Benefits of Telemedicine***

Telemedicine gives medical teams at District hospitals access to real-time consultation with Children's pediatricians and pediatric specialists. Children's telemedicine services also offer a number of advantages to District families:

- Families can access pediatric specialty care near home, avoiding the expense and inconvenience associated with traveling to the hospital.
- Children can be discharged in a timely fashion and avoid unnecessary and lengthy hospital stays.
- Telemedicine reduces healthcare costs by cutting down on unnecessary tests and procedures.

Telehealth technologies augment conventional healthcare delivery by reducing geographic and time barriers to access to care. Telehealth can connect community and tertiary care hospitals, patient homes and practitioners, providing continuity of care; it can bring timely attention from providers with appropriate expertise in acute cases before transfer to tertiary care facilities; and it can mitigate the extent and severity of the impact of disasters, whether natural or man-made, on the health of a population. Telehealth also promotes leading-edge academic endeavors such as research and data collection, supporting innovation where it is needed most.

Increased support of telehealth services impacts several areas of focus at Children's National:

- Innovative clinical and educational programming that supports treatment for children with life-threatening and chronic illnesses;
- New regional, national and international partnerships and research collaborations that strengthen the health care that children throughout the world will receive;
- Public policy and advocacy efforts for the use of new healthcare technologies to advance medical practice; and
- Disaster response planning for the nation's capital.

### ***Challenges for Telemedicine***

Despite having made significant partnerships and investments, our telehealth program currently lacks consistent financial mechanisms to support demand for new partnerships and expanded services. Reimbursement for telemedicine services will support immediate growth in many program areas including clinical care, research, and caregiver education. Expanding access to subspecialty health care services for vulnerable patients; increasing health screening and education for underserved/at risk children; and caregiver training and support are necessary components to equal access to high quality care across the state. Current areas of need include:

#### Subspecialty Health Services for Patients

- Expansion of live cardiology and cardiovascular surgery consultations with partnering community hospitals to support early diagnosis and treatment of congenital heart disease
- Live clinical evaluation services and collaboration with maternal-fetal medicine specialists
- Live and interpretive clinical evaluation services by our psychiatrists, neuro-psychologists, and neurologists for children suffering from autism, demyelinating diseases, brain tumors, and attention deficit/hyperactivity disorder
- Live and interpretive genetics test evaluations for children with hard-to-diagnose neurological diseases such as pediatric multiple sclerosis and other rare pediatric illnesses
- Life-saving services for children with chronic diseases, such as home- and school-based glucose-level monitoring for diabetic children
- Live and interpreted pulmonary and radiology clinical studies/evaluations

#### Screening and Education for Underserved/At-Risk Children

- Tele-dentistry, connecting children to oral surgeons in the main hospital to identify those who will benefit from preventive services such as dental sealants, and those who require advanced oral health care
- Dissemination of educational guidelines for prevention and diagnosis of mild traumatic brain injury sustained during recreational youth sports

#### Medical Caregiver Training and Support

- Multi-institutional brain tumor treatment-planning boards, meeting bi-weekly in support of both clinical and research efforts at the National Cancer Institute and throughout the region
- Surgery case management conferences that share multiple forms of digital data such as X-Rays, angiograms, and videos simultaneously between the hospital, our satellite clinics, and regional partners
- Medical education and training for fellows and residents serving at Children's National in various subspecialty clinical areas, including cardiology, neurology, orthopedics, surgery, and oncology
- Clinical conferences, grand rounds, treatment planning and other educational opportunities offered in conjunction with partnering sites, including hospitals, research facilities and universities

The impact of enacting Bill 20-50 into law will be felt over many years as relationships and collaborations deepen across the region. The result will be quality support of our local physicians in their efforts to provide the best care possible for vulnerable children in their practices. Lack of reimbursement will continue to limit access to critical pediatric subspecialists and will force children and families to spend useless additional time and resources finding access to these providers, which can affect the health and well-being of these children.

#### ***Our Patient Stories***

The following stories represent compelling examples of what happens on a weekly basis in my practice, and illustrates the positive impact that telehealth can have on a family's life and a child's care.

*Patient One: Five years ago, on the very day telemedicine was installed in my home, I received an urgent phone call from a physician on the United States Army Base in Landstuhl, Germany. There, a newborn's rapid breathing seemed to indicate a blocked blood vessel in the heart. As the echocardiogram was inconclusive, a three-way videoconference was established between my home, the learning center at Children's National, and Landstuhl, Germany. As a result of their consultation, the team of military physicians decided to wait 48 hours and then repeat the diagnostic test. They hoped that the baby was just having a slow transition. Two days later, the new echocardiogram confirmed the baby's heart to be normal. The family, understandably devastated at the first diagnosis—not only because they thought their child may need heart surgery, but also because of the total disruption of their lives that transport to the United States would bring about—expressed their gratitude to Children's 24-hour on-call telehealth program, as did the military physicians. In the end, telemedicine spared the family significant anguish and saved well over \$50,000 in healthcare and transport costs.*

*Patient Two: A one-day old was breathing fast at Southern Maryland Hospital and the doctors were giving oxygen. Teleecho showed that half of the heart was missing and child needed urgent medical treatment (including less oxygen and a special medicine to preserve the bloodflow the way it is before birth; extra oxygen is very dangerous in this condition), transfer to Children's Hospital, and surgery. This child is now 10 and is thriving after 3 surgeries. He even did a telemed demo for President Bush in 2004. Without telemedicine he would have likely died or gotten much sicker, making later surgery much riskier (and much more expensive). In this condition, even a 12 hour delay in diagnosis can lead to the body's organs starting to break down.*

As exemplified in the patient stories above, telemedicine does work for patients, families and caregivers in the District and around the world. Utilizing telehealth systems of care significantly decreases healthcare costs and increases efficiency through timely diagnosis and treatment, responsive management of chronic diseases, shared health professional staffing, medical caregiver education, and fewer and shorter hospital stays for vulnerable children. Our collective strength will lie not only in the quality of our clinicians and our thriving partnerships, but also in our proven ability to design, develop and execute evidence-based programs that effectively use technology to improve access to care and outcomes for children.

### **Comments about Bill 20-50**

Reimbursement for telehealth services will make it possible for providers in the District to formulate the best treatment plans for children with critical and chronic health conditions, diminishing differences in the quality of care due to a child's geographic location or socioeconomic status. The enactment of Bill 20-50 will allow the expansion of services, bringing timely and critical medical care to infants, children and young adults who have limited access to subspecialty and preventive care. These laws will give the District an opportunity to have a major impact on the care that at-risk, critically ill and underserved

children receive here, preserving the lives of our most precious resource—our children—by eliminating barriers to care and giving them their best chance for a healthy future.

Children's National acknowledges Bill 20-50 for including Medicaid as one of the payers required to reimburse for telemedicine services. A significant number of children in the District who receive telemedicine services from Children's National are Medicaid beneficiaries. The inclusion of Medicaid as a payer required to reimburse for telemedicine services will ensure access to telemedicine for the state's most vulnerable citizens.

It is clear that legislation requiring reimbursement for telemedicine services must be enacted this year. Children's National also urges the Committee to ensure that changes in licensure, credentialing, and privileging of providers are enacted to ensure access to care for children and families in the District to telemedicine services. Providers currently face significant barriers in order to deliver telemedicine services to patients in the District, particularly if the provider is located outside the District. A child in need of telemedicine services should not have his/her life endangered because his/her pediatrician faces needless obstacles to gain the license to deliver these services.

### ***Conclusion***

Children's National Medical Center is committed to policies that improve the health and well-being of the children we serve. In fact, it is part of Children's National's mission to improve health outcomes for children locally, regionally, nationally and internationally. Children's National Medical Center respectfully urges the Committee to pass Bill 20-50. Children's National believes that reimbursement of telemedicine services will ensure access to life-saving care for children and families in the District.