

Mountaineer Doctor Television

MDTV

Morgantown, West Virginia

Written Testimony

Subcommittee on Science, Technology,  
And Space of the Senate Committee on  
Commerce, Science, and Transportation'

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Mr. Chairman, members of the subcommittee, I thank you for inviting me to talk with you today about telemedicine technologies and our experiences at West Virginia University's Mountaineer Doctor Television program. Chairman McCain and subcommittee chairman Frist, I congratulate you for your interest in bringing the advantages of modem telecommunications to address the special challenges of

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rural health care.

MDTV, Mountaineer Doctor Television, is a two-way interactive audio and video system that uses ISDN PRI and BRI digital telephone lines for transmission. It allows a physician specialist at the West Virginia University Health Science Center in Morgantown to see and talk with a patient at a distant site. The patient and the community physician also see and hear the university physician, just as though they were in an exam room together. --

As of today, nineteen MDTV telemedicine sites dot the state of West Virginia, including service centers with specialty care located in Charleston (CAMC) and in Morgantown (RCBHSC). Five more are planned by the end of 1999. When MDTV first went into operation in 1992, the cost of both the equipment and telecommunications were high: \$100,000 per location covered the cost of equipment, and anywhere between \$1,200 to \$3,000 dollars per month was spent for T-1 digital telephone lines. Today, the same equipment, depending on the need and number of medical peripherals

(like an electronic stethoscope), can cost between \$10,000 to \$60,000 dollars. Telecommunications cost have also improved. We are fortunate to have enlightened lawmakers in the state of West Virginia who have negotiated reasonable and fair rates for telecommunications. A digital ISDN, PRI line costs \$ 416 dollars a month with a per minute usage rate. The rate for telemedicine at 512 kbps is \$ 30.00 per hour. The rate at 384 kbps, (a rate used for educational and administrative events), is only \$ 22.50 per hour. Our utilization of the system is a history of steady growth. Medical education has consistently been our networks number one user. In 1998, over 1036 hours

of medical education and 209 hours of administrative teleconferencing topped the use of the network over

146 hours of clinical care. However, that 146 hours of clinical care translates into over 680 patients seen. Over all, 1,929 individuals have taken advantage of the specialty doctors via MDTV. This year we anticipate to see 850 patients over MI)TV.

There are many kinds of health problems for which a visual presentation of the patient is invaluable for a sound diagnosis. In my own field of Rheumatology, MDTV enables me to assess a patient with arthritis in a way that a verbal description over the phone would never do. In many fields, ranging from dermatology to emergency medicine, actually seeing the patient is often indispensable. Who has benefited from MDTV

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over the past seven years? Patients, rural physicians, rural hospitals, and the University have.

Patients get the advantage of seeing a specialist without having to travel for hours to a major medical center. A patient in pain might find such travel too demanding. Patients may not be able to take a day off work, and some patients don't have transportation and depend on family or community transportation. For patients in need of immediate attention, the delay involved in travel might put their lives in jeopardy.

Rural doctors benefit from MDTV because it gives them the same level of professional support that doctors

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in urban or academic centers take for granted. These rural doctors see every kind of problem, but they

simply can't be an expert in everything. Working with our specialist gives them the security of knowing the they are doing the absolute best for their patients. MI)TV also provides Continuing Medical Education which is needed for physicians to maintain their medical licenses.

Rural hospitals benefit from MDTV because they can keep patients in the community who might otherwise have to be transferred to larger hospitals, are to have a strong network of rural hospitals and clinics, we must keep as much of the care in the local community. For many of these locations, the ability to use telemedicine becomes a powerful recruitment tool for gaining medical staff. WVU also uses MI)TV to allow medical students to rotate in rural clinics and hospitals, hopefully to encourage them to consider a rural primary care practice as-well-as staying connected with the academic medical center.

As with any new technology, there are issues to be resolved. Equal access to health care may never be realized in West Virginia or the nation as a whole without changes to the currant Medicare roles

regarding telemedicine reimbursement.

Network sites not located in rural Health Professional Shortage Areas (HPSA) do not qualify for Medicare reimbursement. The new 75/25 fee sharing policy between referring and consulting specialist requires the Consulting specialist to bill for the telemedicine encounter, but this is only possible if the Physician, PA, NP, Nurse midwife,, Clinical Nurse Specialist, Clinical Psychologist or Clinical Social Worker is involved. Most of our telemedicine encounters involve a health care provider (RN, LPN) and therefore do not qualify for reimbursement.

The CPT codes for telemedicine reimbursement are too limited. For example: Telepsychiatry is not covered.

The level of reimbursement is extremely low and deters physicians from using the technology. Universal reimbursement for telemedicine is needed.

**It** should be mandatory for all insurance carriers to reimburse for telemedicine encounters.

West Virginia's goals continue to be directed toward providing increased access and better care to the people of rural West Virginia. We must make every effort to capitalize on telemedicine's potential. Utilization numbers are growing steadily and telemedicine services are becoming an "expected" part of the

health care services in rural communities. Even though we feel much encouraged about the future of telemedicine in West Virginia, we must recognize that barriers still exist. These barriers are for the most part, universal, and address issues like licensure, confidentiality, the need to have on line patient records. These issues continue to be important, but until we address the reimbursement issues and reducing the disparity of line charges in health care, nothing else will matter. We need government and business working together toward this outcome. We strongly suggest the split fee from the Federal Health Care regulations to be removed and that we find ways to reimburse the overhead costs of the telemedicine systems (mainly in the rural area, but also with the consulting doctor or organization as well) just as we do with physicians offices. The process needs to be simple and support the use of telemedicine as any other "tool" used to deliver health care.

Thank you Mr. Chairman and members of the subcommittee for your time and understanding.