

**Testimony of Michael P. Adcock
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Chairman Cochran, Chairman Moran, Ranking Member Schatz, and Members of the Appropriations Committee, thank you for the opportunity to appear before the subcommittee today. I am Michael Adcock, Executive Director for the Center for Telehealth at the University of Mississippi Medical Center (UMMC) in Jackson, Mississippi. I am honored to talk to you this morning about telehealth and the ways that its power can be harnessed to address the healthcare needs of America's veterans.

UMMC is very proud of the close relationship we have with the G.V. (Sonny) Montgomery VA Medical Center in Jackson. As you may know, VA hospitals were intentionally co-located with academic medical centers so that they could work together to educate medical professionals, conduct research and provide cutting edge clinical care. We interface with our VA in all of these ways and are always seeking to broaden this relationship and interdependence.

Mississippi has significant healthcare challenges, leading the nation in heart disease, obesity, cardiovascular disease and diabetes. These and other chronic conditions require consistent, quality care - a task that is made harder by the rural nature of our state. In order to improve access to care and give Mississippians a better quality of life, it is clear that we need something more than traditional, clinic and hospital-based services.

Telehealth has been a part of the healthcare landscape in Mississippi for over 13 years, beginning with an aggressive program to address mortality in rural emergency departments. In 2003, three rural sites were chosen to participate in a program that would allow UMMC board certified emergency medicine physicians to interact with and care for patients in small, rural emergency rooms via a live, audio-video connection. The TelEmergency program has grown to serve more than 20 hospitals and continues to produce outcomes on par with that of our Level 1 trauma center.

Today, the UMMC Center for Telehealth delivers more than 30 medical specialties in over 200 sites across the state including rural clinics, schools, prisons and corporations. The depth and breadth of this network allows us to deliver world-class care in 68 of our state's 82 counties and provides access for patients who might otherwise go untreated. Over the last decade, we have conducted over 500,000 patient encounters through telehealth. Maximizing our utilization of healthcare resources through the use of technology is the only way we can reach all of the Mississippians who need lifesaving health care.

One program that has been very impactful for our patients is remote patient monitoring (RPM), which manages chronic disease in a patient's home. RPM is designed to educate, engage and empower patients so that they can learn to take care of themselves. Our initial pilot with diabetics in the Mississippi Delta was a public/private partnership between critical access hospital North Sunflower Medical Center, telecommunications provider C Spire, technology partner Care Innovations, the Mississippi Division of Medicaid, Office of the Governor of Mississippi and UMMC. The purpose of the pilot was to test the effectiveness of remote patient monitoring using technology in a rural, underserved area. The preliminary results through six months of the study showed: a marked decrease in blood glucose, early recognition of diabetes-related eye disease, reduced travel to see specialists and no diabetes-related hospitalizations or emergency room visits among our patients. This pilot demonstrated a savings of over \$300,000 in the first 100 patients over six months. The Mississippi Division of Medicaid extrapolated this data to show potential savings of over \$180 million per year if 20 percent of the diabetics on Mississippi Medicaid participated in this program.

Given the success of the pilot, UMMC Center for Telehealth has expanded remote patient monitoring to include adult and pediatric diabetes, congestive heart failure, hypertension, bone marrow transplant and kidney transplant patients. Working closely with a patient's primary care provider, we continue to grow this program both in terms of volume and number of diseases that can be managed. This program is giving patients the knowledge and tools they need to improve their health and manage their chronic disease.

I am confident that telehealth and remote patient monitoring programs like ours can bolster the current offerings at the VA. The VA has one of the longest running telehealth programs in the country, but even with this robust system, gaps in care still exist. VA hospitals and CBOCs are typically located in urban areas, and patients have to travel long distances to receive specialty care. In Mississippi, we have only two VA hospitals and eight CBOCs attempting to serve over two hundred thousand veterans. That's ten access points in a state that spans 48,000 square miles.

According to the US Census Bureau, approximately 67 percent of Mississippi veterans do not take advantage of the VA health care system. For those who do, wait times are significant. The Gulf Coast Veterans Health Care System in Biloxi, Mississippi, for example, enjoys higher utilization than others. Based on appointments scheduled in the two week period of March 31-April 15, 2017:

- 3,200 patients will have to wait over 30 days for an appointment,
- 1,175 will have to wait more than 60 days, and
- Some will wait beyond 120 days for an appointment.

Additional telehealth sites could be an excellent complement to the existing VA health care system. Because of the deep nexus that already exists between academic medical centers and the VA hospitals across the nation, it seems a natural progression for us to partner to provide health care and chronic disease management for our veterans. By

layering veterans' services across UMMC's 200 active telehealth access points, the VA could quickly reach more patients without significant investment.

We have attempted this type of partnership in the past but were unsuccessful due to administrative red tape at the local level and the VA's challenge in engaging with external healthcare partners globally. Two services we've tried to bring to the VA population are mental health and dermatology. Due to the limited number of dermatologists in Mississippi, UMMC and the Jackson VA attempted to work together to provide this service to veterans throughout the state using telehealth. After multiple attempts, progress stalled and the service was not implemented.

Many veterans and active service members seek professional help for mental health care. In Mississippi, the wait time to meet with a psychiatrist or psychologist is quite long. Through telehealth, veterans could access appropriate mental health services more quickly and more often. If UMMC were to partner with the VA on mental health, we could easily increase the number of veterans seen by mental health professionals, allowing them to receive the treatment they need in a shorter timeframe.

The benefits of partnering with established telehealth programs at academic medical centers could go well beyond dermatology and mental health. With over 30 medical specialties online at UMMC today, access to high quality specialty care is well within reach. This type of working relationship has the potential to open access to a statewide network of high quality health care close to home. This limits the burden of travel and delays due to waiting for in person care. Congress should encourage the VA to streamline contracting with programs like ours to bring these life changing and lifesaving programs to all of our veterans.

Thank you for your time and attention to this very important matter.