Human Services Committee
SB2179
January 19, 2021

Chairman Judy Lee and committee members, thank you for taking time to consider improving healthcare with Telemedicine in North Dakota. My name is Marsha Waind. I currently work for the University of North Dakota School of Medicine and Health Sciences within the Dakota Geriatrics Workforce Enhancement Program. My job is to develop Geriatric Telehealth Services and training programs for the medical staff of tomorrow. Previously I spent 15 years at Altru Health System in Grand Forks developing Telemedicine connections to our rural healthcare partners. Altru has shared their data to show the rural importance of these connections. Last year, Altru provided more than 36,000 telemedicine visits, as compared to 12,500 in 2019. Altru connects providers to patients at 14 rural hospitals, 16 Rural Clinics, 15 Skilled Nursing Facilities and 4 Residential care facilities.

Altru uses Telemedicine to connect to specialists in distant locations for expedient care. Using Telemedicine, Grand Forks patients receive care from Stroke Neurologists when they arrive in the GF ER with stroke symptoms; or they are connected to a Burn Center in Minneapolis, and to get Psychiatric care when needed.

During the spring months when most of the clinics were closed due to COVID, Providers turned to telemedicine. The use of telehealth saved precious PPE, protective personal equipment, it provided safety for the providers and the patients. Rural providers in Devils Lake and Lakota used Telemedicine to care for their patients at the nursing home without risking infection to themselves or their patients. A survey by the COVID-19 Healthcare Coalition conducted the Telehealth Impact Claims Data Study (available at https://c19hcc.org/telehealth) to learn about telehealth during the pandemic. Exploring the claims data analysis for North Dakota from Aug 19 to Aug 20, North Dakota showed a growth factor of only 11 times, while Minnesota had a growth factor of 29x, Montana 16x, South Dakota 20x. However, with even a small impact on change to healthcare delivery, Consumers will now expect the innovation and improved care delivery that Telemedicine provides.

Telemedicine in North Dakota is good medicine. Telemedicine saves lives in North Dakota. Telemedicine in North Dakota is NOT Teledoc and to compare it as even slightly similar, is not right.

Telemedicine in North Dakota provides care to rural patients. Telemedicine in North Dakota provides care not available on site in rural locations. A specialist can provide a consult to a patient in rural hospital bed. This consult may keep the patient local, which means financial support for rural hospitals and better-quality care for ND citizens, while keeping families and their dollars in the rural communities.

Most of the telemedicine in North Dakota is behavioral health and we know we do not have enough Psychiatrists to care for our population. Specialty care provided by tertiary care centers connecting to rural patients at rural facilities is the next largest group to use telemedicine. Rural patients travel 2-3 hours away from the Fargo, Bismarck, Minot, and Grand Forks. Using Telemedicine for consults and follow up care is efficient and effective.

Here are more examples of Telemedicine improving care in North Dakota:

- Psychiatric consults into a rural Emergency Room. Rural Hospitals are often staffed by 1 RN on the night shift; they do not have security staff. They need Telemedicine to determine care and help them find a hospital bed for a patient in mental health crisis.
- Telemedicine keeps rural dialysis centers, such as Devils Lake open. There are not enough Nephrologists to support rural sites without Telemedicine and if unserved, those dialysis patients would need to move to Bismarck, Minot, Fargo, if they could obtain a treatment spot at that center.
- Another especially effective use of Telemedicine is care of chronic conditions, such as heart disease, diabetes, kidney disease. Periodic telemed connections to these patient improve outcomes and keep these patients at home, out of long-term care settings. Most of that care is provided by Family Practice providers. Rural providers could use telemedicine to see their own patients at home, but they have not developed that service on the same scale as the specialists in the major hubs. Why would they? It is not paid as well as their in-office visits.

Telemedicine has as much if not MORE value as in-person care and should be paid at the same rate.

- Medicare currently pays for Telemedicine that connects rural EMS rigs to a tertiary care center for diagnosing strokes in the field, saving time and brain. This is better healthcare delivery. Wouldn't it be fair to pay the same rate to that stroke neurologist as an in-person encounter?
- Or what if your grown daughter delivered a baby prematurely in the local rural hospital ER, wouldn't you want that rural doctor or Nurse practitioner to connect with a neonatal specialist at Fargo Children's Hospital to determine best care or to facilitate transport? Neonatal specialists provide the same care in person or over telemedicine. Why wouldn't we pay it at the same rate?

Telemedicine is not cheaper to provide. It takes extra resources to develop protocols that relates to two separate facilities. It takes time and resources to train the local staff and determine workflow at the physician site and set up the IT connections. It takes the same time and resources as in person visits to admit the patient, to bill the services, to code the services, to document the services and there needs to be a building to house those resources and people that clean that building and raise funds to keep the local hospital open. Because if the hospital were not there, the premature baby would perish in a car ride to the hub hospital.

Here is an analogy for North Dakota. There is a new strain of wheat with tremendous value for those that eat it. When baked into bread it heals peoples, in fact it saves lives. Let us ask the farmer to plant this new wonder wheat. It costs a little more to buy this wheat, yet it costs just as much to plant it, to harvest it, to ship it. But since it is new type of wheat, Mr. Farmer will not receive any subsidies or loans for this special wheat, in fact he will be paid less for it when it gets to the Elevator because it is unfamiliar to the Elevator manager. Who loses out the most in this scenario? The people who need the bread.

Telemedicine is vital to better healthcare across North Dakota It improves healthcare to our citizens. Telemedicine is important to North Dakota and should be paid at the same rate as in-person care. I ask your support for this important bill – SB2179.

Thank you for supporting Telemedicine and better healthcare in North Dakota.