



To: House Health Care committee
From: Mark Lovgren, Oregon Health and Science University
Director of Telehealth Services
Date: May 15, 2015
Subject: Testimony in Support of SB 569

Chair Greenlick and Members of the Committee.

For the record, my name is Mark Lovgren and I'm the Director of Telehealth Services at Oregon Health and Sciences University.

First I would like to thank Representative Harker for his leadership along with Sen. Steiner-Hayward to help break down some of the barriers to expanding telemedicine services in Oregon.

Oregon Health and Science University strongly supports Senate Bill 569A with the -6 amendments in order to provide standardization of telemedicine credentialing requirements for hospitals in Oregon.

In a matter of a few years, telemedicine has made it possible for OHSU stroke neurologists, pediatric and neonatal intensive care physicians, genetics specialists, psychiatrists and other medical experts to treat patients almost anywhere in the state. In fact, the OHSU Telemedicine Network has expanded its offerings allowing patients in over a dozen communities to have access to our services minutes after they arrive in their local emergency room or nursery.

Since May 2010 alone, our telemedicine specialists have performed nearly 450 acute care consults, assisting local physicians with treatment and transfer decisions. This ranges from reassuring the local team about the appropriateness of their treatment plan to helping resuscitate newborns.

Not only has this saved lives, OHSU telemedicine has also allowed over a third of our patients to remain in their home community for medical care and saved nearly \$2.5 million in transport costs alone. If we were to look at the savings provided by all telemedicine providers throughout the state, that number would likely be exponentially higher.

However, a 20th century regulatory system still hampers our ability to deliver 21st century care where it's most urgently needed. Most onerous is the federal requirement for each physician providing telemedicine to be credentialed at each hospital where services are provided.

Credentialing can mean each of our physicians and our credentialing team has to compile dozens of pages of documentation for every hospital where they provide telemedicine consultations. Because individual hospitals often have different requirements, new credentialing packets have to be created each time a new physician or specialty is added.

Multiply this requirement by Oregon's 58 hospitals and the bureaucratic challenge becomes staggering.

Despite movement at the federal level to modernize some of these requirements, this remains our greatest roadblock to expanding access to medical care through telemedicine.

Senate Bill 569 seeks to standardize these requirements in order to provide some stability in the credentialing application process for telemedicine providers in hospitals throughout the state.

As a hospital administrator I fully understand and respect the needs of a hospital's governing body to credential their medical staff in order to determine if a health care provider is eligible to receive privileges at their facility, both for those providers that serve patients in person and those that serve patients via telepresence.

We have only uncovered the tip of the iceberg that is the immense potential of Telemedicine to transform access to healthcare – as Oregon blazes the way in reform, we must do everything possible to facilitate those new delivery models that have proven to simultaneously achieve all three of the IHI's Triple Aims:

- Better Care for Individuals
- Better Health for Populations
- Lower Per Capita Costs

Telemedicine services do just that. SB 569 will help to breakdown the barriers to expanding telemedicine services to every hospital in Oregon.

I strongly urge your support of SB 569 and am happy to answer any questions.

Sincerely,
Mark Lovgren