

Welcome to the latest edition of *TeleNews* from the Center for Telemedicine and Telehealth at the University of Kansas Medical Center.

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SAVE THE DATE

KANSAS HEALTH INFORMATION TECHNOLOGY CONFERENCE 2009

July 14 & 15, 2009
Hilton Airport Hotel
Wichita, KS

- Educational, interactive, informative
- Over 21 speakers and panelists
- 3 Topic tracks to individualize your learning
- The latest in health technology developments
- Case Studies from Kansas and other states

Sponsors:

KU Center for Telemedicine & Telehealth
Kan-ed
Midwest Alliance for Telehealth & Technology Resources

Final details regarding this conference will be available soon on the Internet and in future editions of *TeleNews*.

DON'T FORGET – NEW TELEHEALTH SITES APPROVED BY MEDICARE



As announced in an earlier

additional telehealth distant treatment sites takes place when additional portions of the Patients and Providers Act go into effect in 2009. Medicare is revising the definition of eligible distant sites to include:

- Skilled nursing facilities (SNFs)
- Community mental health centers (CMHCs)
- Hospital-based or critical access hospital-based renal dialysis centers (including satellites)

These sites are in addition to the existing hospitals, rural health clinics, critical access hospitals, federally qualified health centers, and provider offices already approved as telemedicine sites by Medicare. It should be noted that all originating sites (both new and existing) must meet the definition of a rural facility (located in a federally-designated rural health professional shortage Area, or a non-Metropolitan Statistical Area).

New TOB revenue codes and HCPCS codes are being added to the new Medicare policies. Final guidance on these policies is promised by the Centers for Medicare & Medicaid Services (CMS) early in 2009.

EXPANDING THE EXCEPTIONAL IN SOUTH CENTRAL KANSAS



With a mission to enable all special needs students the opportunity to learn, and a service area that includes fifteen

school districts in 7 counties that are spread over nearly 6,000 square miles, South Central Kansas Special Education Cooperative (SCKSEC) is constantly searching for more effective ways to deliver services. Since providing access to educational and health services in remote areas is one of the strengths of telehealth utilization, it was only natural that SCKSEC and the KU Center for Telemedicine & Telehealth (KUCTT) would become successful partners in meeting SCKSEC needs.

Starting nearly 40 years ago with 15 classes and just 120 students, SCKSEC now provides services to approximately 1,200 students identified with special needs in Harper, Comanche, Kiowa, Kingman, Barber, Pratt, and Stafford Counties. SCKSEC brings educators, family and community together to promote effective learning for all students in every school district.

Prior to 2008, SCKSEC utilized KUCTT for consultations and educational programs from 3 remote sites - its main office in Pratt and two schools. While they experienced very positive results from the use of telehealth, having only 3 remote sites limited access for many students and their families.

This year, eight schools purchased the necessary equipment and were able to offer telehealth services locally. Over the past six-month reporting period, telehealth appointments have increased to three times the previous levels.

"Lots of kids have experienced success with telehealth counseling or medical services," said Ryan Cunningham, assistant director of SCKSEC. "But the people in our Service Area are spread out. It was not feasible for them to use our services when they had to drive one or 1-1/2 hours to reach a telehealth location. With remote sites in more schools, we can include a lot more parents and teachers or administrators in counseling sessions, which is more consistent with our objective of bringing educators, family and community together to promote effective learning."

The steps taken by SCKSEC reflect a model KUCTT recommends to any organization considering the introduction of new technology for the delivery of their services. Initially introduce new technology in a small way. Make a new telehealth program very manageable and controllable, for example, so everyone can have the opportunity to gain experience, and results can be more easily measured. After a comfort level has been established with a small program it will be easier to expand.

The services SCKSEC provides are vital for ensuring the educational success of children throughout South Central Kansas. KUCTT is proud to be able to assist them in making their services more accessible.

If you want to learn more about SCKSEC, you can find the SCKSEC web site at www.scksec.com or contact Ryan Cunningham at (620) 672-7500. For other questions about expanding access through the use of telehealth, contact KUCTT at www2.ku.edu/telemedicine or call (913) 588-2226.

EMR FOR SMALL PHYSICIAN PRACTICES



To assist small clinics and practices weigh the potential benefits of utilizing electronic medical records (EMRs), a number of studies or reports have been provided by manufacturers and suppliers in support of a wide variety of systems. The variety of systems and standards available has made it difficult for the small, independent physician practices to make a comfortable business decision.

One EMR report that has proven valuable for numerous small practices was prepared for the California HealthCare Foundation by Forrester Research and was entitled *Electronic Medical Records: A Buyer's Guide for Small Physician Practices*.

Based on research conducted in 2003, the report has become somewhat outdated due to the rapid advancement of technological development. However, it still provides a valuable methodology for comparing different EMR systems, and describes in detail the numerous factors that medical practices must be prepared to consider when making decisions regarding data management.

For a comparison of various EMR systems, plus insight into how to customize your own assessment of EMR systems, you can contact Gordon Alloway at KUCTT, galloway@kumc.edu or 913-588-2257, or you can download a copy of the report at <http://www.chcf.org>.

HIT ACRONYMS – PART 4



Health Information Technology

The following acronyms are a partial list of acronyms used by the Office of the National Coordinator for Health IT (ONC), Department of Health and Human Services (HHS).

NCI – National Cancer Institute

NCVHS - National Committee on Health and Vital Statistics

NDBS – Newborn Dried Blood Spot Screening

NGA – National Governors Association

NHIN – Nationwide Health Information Network (A department within HHS, this entity is responsible for development of a secure health data exchange based on a single set of nationwide standards.)

NHDSE – National Health Data Stewardship Entity (Similar to NHIN, the NHDSE was recommended by the Institute of Medicine to become a central component of a broad quality strategy related to managing the exchange and use of health data.)

NHSN – National Healthcare Safety Network

NIH – National Institutes of Health

NIST – National Institute of Standards and Technology (While the name of this federal agency suggests it might be involved in the development of HIT standards, the NIST is a non-regulatory agency within the Department of Commerce.)

NCC – National Coordinating Center for Telecommunications (Federal center providing emergency response capabilities - closely related to Homeland Security activity.)

NDW – National Data Warehouse

NLC – Nurse Licensure Compact

NLM – National Library of Medicine

NPIRS – National Patient Information Reporting System

NRC – The National Resource Center for Health Information Technology (Provided by the Agency for Healthcare Research and Quality -AHRQ- to support the many federal grantees awarded grants and contracts demonstrating various aspects of HIT.)

NOF – National Quality Forum

Additional federal health technology acronyms will be provided in future editions of *TeleNews*. For a complete list, contact Gordon Alloway at the KU Center for Telemedicine and Telehealth, galloway@kumc.edu or 913-588-2257.

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Our mailing address is:

KU Center for Telemedicine and Telehealth

3901 Rainbow Blvd -- Mail Stop 1048 -- Kansas City, KS 66160

Our telephone:

913-588-2226

Managing Editor: [Gordon Alloway](#)

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