

Consider a New Outreach Option



Looking for new outreach opportunities, but concerned about funding and available resources? Let me tell you about how a normal conference room, located just down the hall in our building, has also become a valuable community resource.

It has a long table in the middle and chairs all around, so it is very useful on occasion for group meetings. It is also equipped, at one end of the room, with a video monitor on the wall (like one of those flat-screen home TVs) and a small camera on top. There is one speakerphone on the table.

Here is how the room schedule reads for today:

8:00AM - Group rehearsal of important funding presentation. One participant attended by video-conferencing in from Wichita (196 mi. / 3 hours away). The video monitor was used to see both the Wichita participant and show the PowerPoint presentation.

9:00AM, 9:45AM, 10:00AM, 10:15AM - A physician has video-conferences with patients who have scheduled appointments in Goodland, KS (406 mi. / 6 hours away)

10:30AM - A physician has a video-conference oncology appointment with patient in Hays, KS (266 mi. / 4 hours away)

1:00PM - A pediatric behavioral physician has a video-conference ADC/Problem Behavior Clinic scheduled with a group in Pratt, KS (274 mi. / 4.5 hours away)

2:00PM - A physician consults by video-conference with a specialist in Goodland, KS

3:00PM - A behavioral health physician has a video-conference session with a patient located in Salina, KS (173 mi. / 2.5 hours away)

Tomorrow morning, there will be a monthly staff meeting in the conference room that will include a PowerPoint presentation, followed by a Q&A session with one out-of-town staff member on an audio speaker connection. After that, small clinics, physician consults, and patient appointments will fill the day.

Think about the service you could provide to your community by making a meeting room in your office or building available as a remote video-conference site. Improve your community's health resources by enabling a local physician to consult with a distant medical specialist, for example. Or provide a distance-learning location for local health professionals who need to keep up on new techniques. You provide the space only when you don't need it. No disruptions of your routine business meetings (and video-conferencing capabilities may reduce unwanted travel as well).

For more valuable communications suggestions, go to the KU Telemedicine Center web site, www2.kumc.edu/telemedicine, or call 913-588-2226.

MATTeR Means ...



The Midwest Alliance for Telehealth and Technology Resources (MATTeR) is a Telehealth Resource Center that is available to assist Kansas health providers and residents to focus greater knowledge and experience on their telehealth needs. One of five regional Telemedicine Resource Center grantees under a grant program administered by the Office for the Advancement of Telehealth in the Office of Health Information Technology, Health Resources and Services Administration, MATTeR offers the combined expertise from four premiere telehealth and information technology

providers:

- **Marquette General Hospital, Marquette, MI** - A rural regional telehealth hub
- **The Center for Telemedicine & Telehealth, KU Medical Center, Kansas City, KS** - An academic state-wide telehealth hub
- **Michigan State University, Ann Arbor, MI** - A telehealth research facility
- **The Regenstrief Center for Healthcare Engineering, Purdue University, Purdue, IN** - A health care engineering facility

These organizations offer a unique combination of individual expertise, and the scope and depth of resources to provide a synergy that benefits those with health care communications needs across Kansas, Michigan, and Indiana.

The MATTeR website, <http://www.midwesttrc.org>, is an excellent resource for health communication information, research, and technical assistance. Feel free to check out the MATTeR website or the KUMC Telemedicine web site, <http://www2.kumc.edu/telemedicine>, at any time for assistance with telemedicine questions.

KU at NIH Cross-Systems Research Institute



Eve-Lynn Nelson, Assistant Director of KU Telemedicine Center, was one of only 22 scholars selected to attend the 2008 National Institute of Health (NIH) Cross-System Research Institute this past month. Established in 2004, the NIH designed the Summer Institute to offer young researchers intensive exposure to issues and challenges in the field of social work research.

Recognizing that individuals with health problems are often involved in multiple systems, NIH believes that their complex needs can create significant challenges to obtaining and complying with effective health treatments and services. Cross-systems research for social services is felt to offer a means to understand and develop strategies for overcoming the challenges.

While at the Institute, Dr. Nelson participated as part of a small working group to develop individual proposals and presentations on health services research methods relevant to cross-systems studies - Frameworks for services research; Conceptualizing research at different levels of analysis; Use of multiple informants and multiple sources of data; and translating services research across systems.

Dr. Nelson reported that, "Other attendees were interested in telemedicine as an innovative way to link systems of care, including healthcare, clinics, schools, homes, and other sites."

To learn more about cross-system research or the NIH Research Institute, contact Dr. Nelson at enelson2@kumc.edu.

Need Knowledge? Tell MAHE!



If you don't already know all you need to know, go on the Internet and complete the brief MAHE survey.

The Midwest Alliance for Health Education (MAHE), a non-profit organization devoted to ensuring continuing education availability for health care professionals, is conducting a survey to determine the current status of continuing education options for health care professionals. And, they want to hear from as wide a variety of health care professionals as possible.

Examples of the type of information you can provide:

- New professional requirements that you see emerging
- Recent changes in your job that necessitate training
- Your preferred method of learning (On-line internet, classroom, workbook?)

MAHE wants to provide you with the knowledge you need, delivered the way you want. Let them know what works for you.

Locate the survey at: www.midwesttrc.org.

If you have any questions, contact Gordon Alloway at the KU Telemedicine Center, Galloway@kumc.edu or 913-588-2257.

IT Acronyms - Part Two



Health Information Technology

As mentioned in the August issue of *TeleNews*, work conducted here at KU's Telemedicine Center includes the study and program development of health care communication in a

variety of formats. When reviewing information prepared by federal agencies, it is often helpful for us to keep in mind the multiple acronyms used by each agency. We thought you might find this same information helpful.

In our last issue, we provided a partial list of IT acronyms we have received from the Office of the National Coordinator for Health IT (ONC), beginning with the American Health Information Community (AHIC) and ending with Chartered Value Exchange (CVE). The next twelve acronyms on our list include:

DEA - Drug Enforcement Agency

DHS - Department of Homeland Security

DoD - US Department of Defense

EHR - Electronic Health Record

EMR - Electronic Medical Record

eRX - Electronic Prescribing

ESFAC - Epidemiological Surveillance Federal Advisory Committee

FACA - Federal Advisory Committee Act

FCC - Federal Communications Commission

FDA - Food and Drug Administration

FEHBP - Federal Employees Health Benefit Program

FHA - Federal Health Architecture (The FHA is responsible for establishing a national health IT infrastructure, including development and enforcement of health IT standards. It's membership includes all federal agencies, but the Lead Partners represent three federal agencies, HHS, DoD, and VA. It is managed by ONC, within HHS.)

Additional federal Health Information Technology (HIT) acronyms will be provided in future issue of *TeleNews*. For a complete list, contact Gordon Alloway at the KU Center for Telemedicine & Telehealth, galloway@kumc.edu or 913-588-2257.

Medicare Increases Number of Reimbursable Telehealth Originating Sites



Beginning January 1, 2009, the list of telehealth originating sites eligible for Medicare reimbursement will expand to include:

Skilled Nursing Facilities

In-Hospital Dialysis Centers

Community Mental Health Centers

(NOTE: The Centers for Medicare & Medicaid Services -CMS- defines "originating site" as the site where the patient and/or the patient's physician is located during the telehealth encounter or consult. Other common names for this term include - spoke site, patient site, remote site, or rural site.)

This long-awaited expansion was part of a huge, highly controversial Medicare appropriations bill that originally passed the House of Representatives this past June

and the Senate in July, only to be immediately vetoed by President Bush. A second round of voting by Congress resulted in enough votes to override the veto, and the bill became law.

CMS will need to issue regulations regarding how the entire bill will be implemented prior to the end of 2008. Watch future issues of *TeleNews* for specific information on the regulations as they become available. If you have questions about this legislation, feel free to contact the KU Center for Telemedicine & Telehealth at telemedicine@kumc.edu or 913-588-2226.

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