Testimony from
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Director, Center for Telemedicine and Telehealth
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before the
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Chairman McLeland and members of the committee: Thank you for the opportunity to submit testimony regarding HB 2390, which would eliminate Kan-ed. My name is Ryan Spaulding and I am the Director of the Center for Telemedicine and Telehealth at the University of Kansas Medical Center (KUMC). I am also a Research Associate Professor in the Health Policy and Management department. I want to emphasize that the perspectives in this testimony represent the views of the Center for Telemedicine and Telehealth and do not represent the official policy of the University of Kansas Medical Center or the views of university administration.

We have been providing telemedicine services from KUMC to hospitals and schools around the state since 1991. This makes us the longest-running telemedicine program in the United States. Telemedicine involves caring for patients from a distance, using live, interactive consultations over high-definition videoconference systems and integrated peripheral medical devices such as an electronic otoscope or stethoscope. These video systems require reliable, high quality, secure Internet bandwidth to work effectively and facilitate health care to underserved Kansans. Kan-ed has been the only network in Kansas that provides these important elements, so I am writing to express my support of the Kan-ed network.

Whether for pediatric epilepsy, adult oncology, mental health services or the many other clinical specialties we provide, we have used the Kan-ed network to “bring the doctor to the patient” at many Kan-ed member sites over the years. Prior to the existence of Kan-ed, we either used very expensive telephone lines or various broadband solutions that used the “public” Internet, all of which resulted in a complex system that lacked quality and uniformity. In contrast, Kan-ed provides a stable, standardized and affordable platform from which to deliver these services with better quality and more security for Kansas patients.

In addition, telemedicine allows underserved patients to receive health care in their home communities from familiar health care professionals. By doing so, they reduce their travel costs while helping the local hospital or clinic retain revenue locally. Because telemedicine increases access and patients are able to see physicians sooner, it may also help prevent more expensive health care treatment at a later time. The Kan-ed network plays an integral role in all of these personal, health and economic benefits.

Our latest initiative, Kansas TeleStroke, is literally a lifesaving neurology service that will use the Kan-ed network at participating hospitals. It will allow rural Kansas stroke patients to “see” a KUMC vascular neurologist from their local emergency department via telemedicine and receive urgent stroke treatment. Timely intervention in this manner can substantially improve patient outcomes while substantially reducing long-term health care costs. Again, Kan-ed provides the network that will most effectively support this critical intervention.

In sum, it would be difficult to continue providing telemedicine services in Kansas without Kan-ed’s network. The Center for Telemedicine and Telehealth supports continued funding of the Kan-ed initiative.