

Approved: March 19, 2012

(Date)

MINUTES OF THE HOUSE VISION 2020 COMMITTEE

The meeting was called to order by Chairperson Tom Sloan at 3:30 PM on Wednesday, February 29, 2012 in 144-S of the Capitol.

All members were present except:

Barbara Bollier
Randy Garber
Don Hineman
Trent LeDoux
Michael Peterson

Committee staff present:

Mary Koles, Committee Assistant
Jay Hall, Legislative Research Department
Martha Dorsey, Legislative Research Department
Sean Ostrow, Office of the Revisor of Statutes
Matt Sterling, Office of the Revisor of Statutes

Conferees appearing before the Committee:

Roger Cady, M.D., Primary Care Network; Headache Care Center

Others in attendance:

See attached list.

Chairman Sloan introduced today's topic, "Virtual Health Care," and noted that we will look to the future, at the possible, at what can happen when virtual health care blends with continuing and primary care education. He welcomed Dr. Roger Cady, founder of Headache Care Center, Clinvest, and Primary Care Education, Springfield Missouri. Dr. Cady introduced his co-workers: Brad Hedrick, MS, Chief Information and Technology Officer, Primary Care Education and Banyan Group, Springfield, MO, and Kathleen Farmer, PsyD, Neuropsychologist and Pain Management Specialist at Headache Care Center, Springfield, MO.

Dr. Cady reviewed the changing landscape of healthcare in the United States: the rise of chronic diseases and obesity and general lack of medical training to treat these conditions, fewer health care professionals in rural areas, and the escalating cost of health care. Based on his extensive experience with pain management, migraine headaches in particular, doing consultations using Skype, and mentoring others to become Botox injectors to help manage chronic migraine pain,

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CONTINUATION SHEET

Minutes of the HOUSE VISION 2020 Committee at 3:30 PM on Wednesday, February 29, in 144-S of the Capitol.

he proposes a solution that uses e-mentoring and creates a personalized medical educational system without walls.

Cady proposes the Legislature establish educational priorities based on the state's medical needs and the cost of delivery. Rural doctors would be recruited and encouraged to select a Medicaid patient (there is no cost to either the patient or doctor) within the parameters of the state's needs and schedule an interactive videoconference with an appropriate, expert doctor. (The Primary Care Network has a direct mail recruitment database of over 175,000 primary care providers and over 55,000 are opt-in members of the network and receive weekly email communications.) The expert may be in-state or far away and both the patient and patient's family may be included in the session. Equipment required: computer, web-cam, and internet connection - no special or costly technology.

The selected rural doctors would be provided a "Continuing Medical Education" account" sponsored by state Medicaid funds through a CME credit system for purchasing consultations. An average video consult would provide CME credit hours and could cost \$500/session or less. Additional CME credits could be earned by observing and reporting outcomes. In this model, the Medicaid patient becomes a practice asset, a source of quality education, and gives added value to the Medicaid program. As Dr. Cady noted, patient healthcare would be improved and the community have a better trained healthcare professional ([Attachment 1](#)).

Following his presentation, Dr. Cady responded to questions asked by Chairman Sloan and Representatives Bill Otto, Vern Swanson, and others.

Chairman Sloan thanked him for his presentation and for coming from Springfield and bringing Brad Hedrick and Kathleen Farmer.

The next meeting is scheduled for Monday, March 5, 2012.

The meeting adjourned at 4:30 p.m.