



February 16, 2017

Testimony re: House Bill 2206

My name is Shawna Wright, and I am a licensed psychologist. I have lived and worked in southeast Kansas since 2003. I am an alumni of the National Health Service Corp, and I started my career working as an outpatient therapist at the Southeast Kansas Mental Health Center. My affiliations with both of these organizations fostered my passion for working with Kansans living in rural and underserved areas. Approximately 6 years ago, I began studying telehealth for the purpose of professional development. In 2012, I started an independent practice (Wright Psychological Services) through which I provide telepsychology services to residents of rural nursing homes throughout the state of Kansas. Last year, I left the mental health center and was fortunate to have the opportunity to begin work with the University of Kansas Center for Telemedicine and Telehealth with hopes of continue to advance telehealth resources to children and families in southeast Kansas.

Today, I am here to testify on behalf of myself as a small business owner and independent practitioner in the state of Kansas, and I support House Bill 2206. Starting Wright Psychological Services in 2012 was a daunting endeavor, and it signified the greatest risk I have taken with my professional career. Although I had studied telemedicine and telehealth as was fortunate to have wonderful mentors and support from the Heartland Telehealth Resource Center, developing a business plan was arduous. As a matter of fact, some told me that independent telepractice was not an option for me due to the lack of telemedicine structure in Kansas. I was fortunate to network and collaborate with a telehealth company based in California that was interested in providing secure video connections and recruiting local providers to treat local residents. Even with the many supports available to me, the lack of telehealth legislation and regulation in Kansas was an obstacle to starting my practice. Given the absence of legislation and regulation, I turned to neighboring states including Nebraska and Missouri, the American Telemedicine Association, and Medicare for guidance. Developing telemedicine policy for my independent practice was a tremendous endeavor because I had to piece together what I understood to be the best practices and highest standards of implementing telehealth services from various sources. Some telemedicine experts were hesitant to provide guidance because of the absence of telehealth law in Kansas.

Through my telepsychology work, I have found that my passion and dedication to serving Kansans in rural and underserved regions has grown exponentially. In my work with the community health center, I thought I understood the needs and demands of this population. However, I have found that there is often a region that is even more rural and even more underserved. When I started Wright Psychological Services, I worried about how effective and needed the telehealth service would be for many reasons. The telepsychology approach was new to me and to the nursing facilities. I would be working with an elderly population that was not tech-savvy. I was prepared for the service to be uncomfortable and rejected by many due to these factors, but what I found was quite the opposite.

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Over the past 5 years, I have worked with 9 skilled nursing facilities reaching from Colby, Kansas in the northwest area of the state to Galena, Kansas in the southeast region. In that time, I have served hundreds of clients and have only had 4 residents refuse telepsychology services due to the technology being uncomfortable. Overwhelmingly, when I discuss the use of technology with new clients versus in person treatment, they tell me “at least you are here, without you I have nothing.” Some of the towns that I reach may have mental health centers within 10 to 20 miles, but the staff time, transportation, and health risks associated with visiting a mental health center for regular appointments are often barriers to effective treatment. Through telemedicine, I can provide regular, goal-focused treatment at the nursing facilities with little demand on staff time and little discomfort to residents. I strive to assist individuals who are placed for rehabilitative care manage anxiety and depression to reduce their stays in the nursing facilities, and I assist individuals and families accept significant life transitions when health issues require longer-term skilled nursing care.

My telepractice work allows me to communicate with the nursing staff and medical providers at the nursing facilities I serve. This allows for an integration of care and improved health for those in services. Quite often residents will share health concerns with me that they do not share with the nursing staff, and this allows me to coordinate with their providers to improve health outcomes. I also work to stabilize individuals who have severe and persistent mental illness and have histories of numerous admissions to state hospitals. While these individuals are sometimes placed in skilled nursing facilities following discharge from the state hospital, the skilled nursing staff are not trained to address such severe mental health disorders. I work with patients and nursing staff alike to address these significant mental health needs.

I cannot measure all that I have learned through embarking on a telemedicine career. There have been many unexpected surprises along the way. For example, approximately 20 percent of the patients I have seen in nursing facilities have been under the age of 55. When I prepared myself for work with nursing facilities, I focused my studies on geriatric care. But I have found that skilled nursing facilities in Kansas are also homes to younger individuals, my youngest client was 23. These individuals are often placed in nursing homes due to traumatic brain injury, morbid obesity, multiple sclerosis, strokes related to substance abuse, and severe and persistent mental illness. Their health conditions alone are contributing factors to anxiety and depression, and placement in geriatric facilities often exacerbate their mental health symptoms. Mental health treatment can be crucial for improving their overall quality of life.

In sum, I am proud of the work that I do with the residents of skilled nursing facilities. I am honored that they are willing to share their lives with me and trust me with addressing painful and distressing disorders. However, there are many regions in Kansas that are severely limited due to shortages of health professionals and services. Telemedicine is a tool that can assist Kansas living in rural and underserved areas connect with providers in their own state. I believe this bill is an important step in developing telemedicine in Kansas and in improving access and quality of care throughout the state. I hope that passing this bill will make it easier for my fellow psychologists to consider using telepsychology to serve Kansans in rural and remote areas.

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