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To Whom It May Concern,

I am involved in the provision of healthcare to people in rural Kansas, and I endorse the following ideas:

1. Access to medical providers of any kind is limited in many parts of rural Kansas. Recruitment is difficult and expensive.
2. I am aware of communities in Kansas that lack steady access to primary care, or that depend on a very limited number of hardworking primary care providers to meet care needs 24 hours a day.
3. The constant demand on primary care providers sometimes leads to burnout, and ultimately departure from rural communities, worsening shortages.
4. It would be a welcome change to be able to provide cost-effective backup or on-call relief for primary care providers using telemedicine, especially when compared to the high cost of *locum tenens*.
5. Access to subspecialty providers in rural Kansas is even more limited.
6. Subspecialists sometimes travel to my community, but do this rarely because of the commute.
7. Patients under my care often travel for many hours one way to be seen by a specialist.
8. Some of my patients do not get subspecialty care, or defer needed visits for far too long, due to the cost and expense of traveling to a large city to be seen.
9. I have seen patients unable to get comprehensive care due to these problems.
10. I have had to emergently transfer patients out of my community to get access to specialty care that in some cases could have been provided in my community if we had access to subspecialty consultation via telemedicine.

Based on these facts, I believe Blue Cross Blue Shield of Kansas should reimburse for telemedicine care delivered in rural Kansas, and should modify its current telemedicine policy to allow for telemedicine coverage of Primary and Subspecialty care in the ambulatory, emergency department, and inpatient settings.

Sincerely,

Margaret Grismer
CEO

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