Remodeling Telehealth Programs for the Future
Heather Ramirez
Krista Kelly

Objectives

Identify when a program needs to be remodeled

Describe how change is made and monitored

Explain and encourage staff that change is needed and implement it
Successful Program

• Meeting Clinical Goals
  – Reduced Hospitalizations
  – Patient Satisfaction
  – Reduced ER visits
• Meeting Financial Goals
  – Increase Referral base
  – Decrease ROC / SN visits
• High program utilization
• High program optimization
  – Providing care when the patient needs it

Program Needs Assessment

• Sufficient patient-based need for TM?
• How / where TM services can be integrated into agency or need for new programs
• Sufficient cost savings / cost avoidance to sustain TM program
• Assuring outcomes data supports you mission statement and future vision
# Program Needs Assessment

**Current Average Daily Census:** 650 patients

<table>
<thead>
<tr>
<th>Reason for Home Care</th>
<th>Service Frequency (Average)</th>
<th>Estimate LOS on Service (Average)</th>
<th>Risk Level (H, M, L)</th>
<th>Appropriate for Telehealth (Y/N)</th>
<th>Payor</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHP</td>
<td>14-all / 7 SNV</td>
<td>92 days</td>
<td>H</td>
<td>Y</td>
<td>MCR</td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td>16 – all /95SNV</td>
<td>22 days</td>
<td>H</td>
<td>Y</td>
<td>MCR</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>22 -vol / 12 SNV</td>
<td>320 days</td>
<td>M</td>
<td>Y</td>
<td>MCR</td>
<td></td>
</tr>
<tr>
<td>Wound Care</td>
<td>22 – all / 10 SNV</td>
<td>50 days</td>
<td>L</td>
<td>N</td>
<td>MCR</td>
<td></td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>36 – all / 11 SNV</td>
<td>100 days</td>
<td>H</td>
<td>Y</td>
<td>MCR</td>
<td></td>
</tr>
<tr>
<td>Post Hip / Knee</td>
<td>12 – all / 7 SNV</td>
<td>62 days</td>
<td>H</td>
<td>Y</td>
<td>MCR</td>
<td>New program</td>
</tr>
<tr>
<td>Asthma</td>
<td>36 – all / 9 SNV</td>
<td>2 days</td>
<td>H</td>
<td>Y</td>
<td>MCR</td>
<td>seasonal</td>
</tr>
</tbody>
</table>

Looking at data to determine when change is needed
Inventory to Census Analysis

Admits vs DC Year to Year
Enroll Vs Removals

Census Year to Year
Flag type analysis

Average LOS on TM
Objectives

Identify when a program needs to be remodeled

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Explain and encourage staff that change is needed

Lewin’s Change Management Tool

1. Unfreeze – Most people make an active effort to resist change. In order to overcome this tendency, a period of thawing or unfreezing must be initiated through motivation
   – Encouraging staff
   – Are my goals right?
   – Prioritizing goals
Lewin’s Change Management Tool

2. Transition – Once change is initiated, the company moves into a transition period, which may last for some time. Adequate leadership and reassurance is necessary for the process to be successful.
   - Rebuilding the program
   - Documenting what works
   - Document changes needed and DO THEM

Defining Goals for Your Telehealth Program

- Improve Clinical Outcomes
- Telehealth Program
- Increase the number of referral sources
- Decrease the average cost per episode
## Defining Objectives & Metrics

Objectives are the strategies you will implement to meet your goals and must be specific, measurable and time oriented.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Metrics</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve clinical outcomes</td>
<td>Decrease the number of readmissions by enrolling all CHF patients meeting the eligibility criteria on Telehealth.</td>
<td>Enrollment in Telehealth will occur within 24 hours of the Start of Care and readmissions will go from 28% to 18%.</td>
<td>Within 4 months of the program live date.</td>
</tr>
<tr>
<td>Decrease the average cost per episode</td>
<td>Decrease the number of nursing visits per episode for those patients enrolled in Telehealth by defining a visit schedule specifically for Telehealth patients and ensure adherence by clinical staff.</td>
<td>The average number of nursing visits per episode will go from 12 to 8.</td>
<td>Develop new visit schedule prior to live and achieve reduction within 4 months of the program live date.</td>
</tr>
<tr>
<td>Increase referral sources</td>
<td>Engage executives at area hospitals and local insurance providers, making them aware of our new Telehealth program, the potential impact on their readmission rate and benefits to their patients.</td>
<td>Meet with executives at 1 new hospital or local insurance provider monthly, increasing the number of referral sources by 20%.</td>
<td>Within 12 months of program live date.</td>
</tr>
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</table>

## Resourcing a Telehealth Program

Many different people will be involved in your organization’s Telehealth Program:

- Monitoring Nurses
- Inventory Management & Cleaning Coordinator
- Telehealth Program Manager
- Admissions Nurses
- Installers
- Intake Coordinators
Management of the Telehealth Program

- Partner throughout the life of the program
  - Training and implementation
  - Resource planning
  - Inventory management
  - Clinical support
  - Marketing support

Lewin’s Change Management Tool

3. Refreeze – After change has been accepted and successfully implemented, the company becomes stable again, and staff refreezes as they operate under the new guidelines.
Adapting to change

- **Change is often heavily emotional**; we feel fear, we may be in denial, we get angry, we become sad, transitions cause disorientation and frustration. Even when the change is for the better, there is always a sense of loss.

- **THE FIX: Increase autonomy, involvement, and independent decision-making.** Retaining a sense of meaningful control during the change that is happening is empowering and helps change stick. Do what you can to allow people to choose the change on their own.

Adapting to change

- **Change involves a mental shift.** Most of us start out skeptical and remain cautious. Thoughts that occur might be along the lines of, “is this the right direction? What was wrong with the old ways of doing things?” When the need for change is understood and when the future appears predictable, the transition becomes easier.

- **THE FIX: Provide clarity to eliminate confusion.** Any confusion surrounding the change is likely to amplify negative thought patterns and dialogue. Provide more structure, more instruction, and more concrete directions than you think is necessary at first.
Adapting to change

- **Change requires adaptation to comfortable behaviors and automatic habits.** Don’t expect an immediate behavioral shift. New behaviors and habits take time to develop. As we adapt to change cognitively and emotionally, behaviorally we are paralyzed, resistant, and generally unproductive. These are necessary steps to experience if the change is to be accepted and internalized. Some people may adapt slower. Respect the ones who take their time going through the process.

- **THE FIX: Emotions, thoughts, and behaviors can be interchangeable.** Consider the classic chicken and the egg analogy. Which comes first? A common misperception is that emotions and thoughts come before behaviors, but the reality is the three psychological states are highly interdependent and any one can influence the other two. This is especially helpful for anyone struggling to make a change. Act as if the adaptation has already taken place, and eventually it will.

Monitoring change

- **Weekly calls**
  - Open calls with staff
- **Weekly assessments**
  - Make and document comments and steps taken
- **Monthly stats**
  - Quantify your results and share them
- **Quarterly reviews**
Communicating change to staff

- Constant feedback – door is always open policy
- Staff meetings and or case conference
- Executive meetings
- Readmission team meetings
- * any setting you are discussing your company telemonitoring should be a part of the discussion.

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Benefits:
Clinical, Physician and Patient

Clinical Benefits

- Establish patient-specific parameters
- Catch early signs of decompensation and provide focused interventions
- Collaborate more efficiently with the MD
- Stay more connected to patients and caregivers at home
Clinician Benefits

• Help patients become better educated, and proficient with self-care and improve compliance

• Improved utilization of staff

• Additional assessment for your high acuity patients

• Possible integration of telemonitoring into documentation needs

Physician Benefits

• Real time & objective data to promote early interventions

• Increased patient satisfaction

• Documentation for their Medicare billing
Patient Benefits

- Helps to reduce avoidable hospitalizations
- Allows patients more time at home with friends and family
- Patients and caregivers have a more active role in their care

Case Example: Congestive Heart Failure (CHF)
CHF Impact

- Re-admission Rates are considered a **Quality Indicator**

- Centers for Medicare & Medicaid Services considers avoidable readmissions as one of the leading issues facing the US Healthcare System and is currently penalizing hospitals for high readmission rates in Heart failure, Heart Attack, and Pneumonia patients.

- Each year approx. 1 million Heart Failure patients are admitted to the Acute In-patient setting

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CHF Impact

- HF is the most frequent reason for readmission

- Approx. 27% of the HF patients with Medicare are re-admitted within 30 days

- Many feel that implementing Telehealth Monitoring, especially when combine with nursing intervention and improve care transitions, can play a pivotal role in helping to reduce these numbers
Economic Impact

- Cost of Medicare patients readmissions alone is approx. $26 Billion annually

- An estimated $17 Billion of that being unnecessary and due to fragmented care

CHF Patient Census

Brooks Home Care CHF Census (Rolling 12 Months)
CHF Re-Admits

Brooks Home Care CHF Re-Admits (Rolling 12 Months)

Program Goals
Program Goals

• Reduction in Acute Care Hospitalization
• Identification of patient problems: Signs and Symptoms of disease exacerbation
• Immediate intervention to prevent illness exacerbations
• Improvement in patient self-care management

Program Goals Cont’d

• Increased patient satisfaction & safety
• Improved agency outcomes and increased profitability
• Distinguish Brooks Home Care as a cutting-edge provider of choice
Patient Selection

Patients Who Benefit Most

- Heart Failure and Heart Disease
- COPD
- Diabetes
- Hypertension
- New/multiple meds with high risk of side effects or disease exacerbation
- A history of frequent hospitalizations
- High-risk post-op patients
Patient Selection

- Patient/caregiver acceptance of home telemonitoring
- Patient/caregiver ability to accurately perform & communicate necessary self-monitoring activities
- Read, safely connect and use the equipment

Patient Selection Cont’d

- Ability to hear, answer & talk clearly on phone
- Certified Home Health Patient
- Patient is cognitively & psychologically stable
- Home environment is safe and/or conducive to monitoring
Referral Process

1. Pre-screened by the telehealth manager
2. Patients with CHF, COPD, Hypertension, Hypotension, and CVA are automatically enrolled in the telehealth program
3. Delivery & installation of equipment
4. Daily vital signs
5. The telehealth nurse monitors and assesses patients; trends are sent to the patient’s physician

Questions to Consider
Physician Orders

• Include your telemonitoring orders in your plan of care or on an order form

Questions Patients/Caregivers May Ask

• What will the equipment look like?

• How big will it be?

• I can’t use a computer, how can I use this?

• What should I do if it doesn’t work?
Questions Patients/Caregivers May Ask

- Can it hurt me?
- Is there a hidden camera?
- Does my physician get this information?

Patient Education to Include:

- Purpose of home telemonitoring
- Patient/caregiver responsibilities
- Agency & vendor responsibilities
- Self-monitoring
- Safety, care & use of equipment, including infection control
Where we were

- No true program goals
- Hospitalization rates not tracked
- High patient LOS on equipment
- Data – what Data?

Where we are today

- Programs well defined
- Hospitalization rate average is 12%
- Average LOS is 62 days
- Tracking data monthly and quarterly
- Grew program by 50 sets this year
- New programs looking post procedures
  – Hips and Knees
Questions