Windsor Place Overview

Windsor Place is a long-term care company located in Coffeyville.

The continuum of long-term care operations include:
- A Home Care Agency serving over 1,400 clients
- 2 Assisted Living Facilities, and
- 2 Skilled Nursing Facilities

In addition to these core services, additional services provided to aged and disabled clients involve:

* Transportation programs
* Outpatient Therapy
* 2 Monthly Support Groups
* Adult Day Care
* Respite Care
* Weekend Meals on Wheels

*The Age to Age Kindergarten Classroom (only second such project in the nation)*
Statistics – Chronic Disease conditions

- Nearly 1 in 2 Americans (133 million) has a chronic condition
  

- By 2020, about 157 million Americans will be affected by chronic illnesses, according to the U.S. Department of Health and Human Services. *Chronic Care in America*

- That number is projected to increase by more than one percent per year by 2030, resulting in an estimated chronically ill population of 171 million. *Chronic Care in America*

- 90% of seniors have at least one chronic disease and 77% have two or more chronic diseases. *The Growing Burden of Chronic Disease in America, Public Heal Reports / May-June 2004 / Volume 119, Gerard Anderson, PhD*

- Four in five health care dollars (78%) are spent on behalf of people with chronic conditions. *The Growing Burden of Chronic Disease in America, Public Heal Reports / May-June 2004 / Volume 119, Gerard Anderson, PhD*
Kansas Current LTC Services

<table>
<thead>
<tr>
<th>Medical / Clinical Care</th>
<th>Nursing Facilities</th>
<th>HCBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN's / LPN's</td>
<td>VOID</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADL and Personal Care</th>
<th>CNA's / RA's / Other Staff</th>
<th>Attendant Care Workers / Homemaker Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Directors / Social Workers</td>
<td>Companion Services (Ended December 2009)</td>
<td></td>
</tr>
</tbody>
</table>

Windsor Place – Program Funding

In 2006, Windsor Place met with and proposed to Kansas Department on Aging Secretary Greenlee and her staff the application of Home Telehealth and remote monitoring for the purpose of managing chronic diseases more effectively in the home.

In February 2007, a KDOA grant funded our Telehealth Pilot Project. University of Kansas Medical Center contracted with KDOA to provide the research component of the project. On August 1, 2007, the pilot program was operational. Extremely promising results were realized during the pilot’s first year.

Three extensions of this grant were awarded in 2008, 2009 and 2010. Results continue to be quite exciting in this paradigm shift.

On October 1, 2011, telehealth became a covered service for the FE waiver.
Benefits of Telehealth

* Access to care...in the home
* Quality Improvement
Four Key Elements to Asynchronous Telehealth

* Accurate physiological information
* Shared data with patient
* Data-driven coaching/patient education
* Optimized provider involvement

Objective Data Collection

- Client begins Telehealth Session
- Objective & Subjective Session Data Transmission
- Sent to Nurse’s Computer
- Data Reports Analyzed/Assessed
- Education Tips
- Communications Back to Client
- Intervention Actions
- Retake Measurements
Mary’s Day

Mary uses Telehealth equipment to measure her Weight, Blood Pressure, Pulse Oxygen and Blood Glucose readings. A typical day for Mary is as follows:

07:30am Mary wakes, walks into her dining room and, sitting relaxed, places the **Blood Pressure** cuff on her arm and presses the Start button on the B/P meter. Her B/P is automatically transferred to the TeleStation (main monitor). She removes the cuff.

07:32am Mary places the **Pulse Oxygen** clip on her finger, presses start. The meter measures the oxygen in her blood. This is also transferred to the TS. The clip is removed.

07:34am Next, Mary checks her **Blood Sugar**. Once the measurement is taken, she will plug a cable from the TS into the glucose meter. This transmits that reading.

07:37am Now, Mary gets up and goes to do her **Weight**. In less than 10 seconds, this measurement is automatically transmitted to the TS.

07:38am Taking all these measurements in the comfort of her home, Mary has used less than 10 minutes of her day!

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**Windsor Place’s Approach to Telehealth Services.....**

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**Objective Data** ➔ **Subjective Responses** ➔ **Disease Education** ➔ **Lifestyle Coaching**

.....leading to increased self-management capacity.
KUMC’s Year 3 Telehealth Pilot Report

Utilization and Costs

By the end of the third year, all six original variables were statistically different between baseline and intervention periods across the three years.

These data mean that there is likely an effect of the telehealth intervention on the HCBS/FE study participants’ use of health care services and the associated CMS costs.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Rate of Change</th>
<th>Significant Change?</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Visits</td>
<td>↓ by 38% per day</td>
<td>Yes</td>
<td>.0000</td>
</tr>
<tr>
<td>Hospital Days</td>
<td>↓ .028/day or 10.23/year</td>
<td>Yes</td>
<td>.0014</td>
</tr>
<tr>
<td>Hospital Costs</td>
<td>↓ $72/day or $26,298/year</td>
<td>Yes</td>
<td>.0024</td>
</tr>
<tr>
<td>E.D. Visits</td>
<td>↓ by 67% per day</td>
<td>Yes</td>
<td>.0290</td>
</tr>
<tr>
<td>E.D. Costs</td>
<td>↓ $21.10 per day**</td>
<td>Yes</td>
<td>.0300</td>
</tr>
<tr>
<td>Total Costs</td>
<td>↓ $73/day or $26,663/year</td>
<td>Yes</td>
<td>.0004</td>
</tr>
</tbody>
</table>

Table 1: Comparison of baseline and intervention mean rates of pilot variables.

*Probability at the .05 level.
**For Year 3 participants only. Year 1 and 2 participants were not different from baseline.
KUMC’s Year 3 Telehealth Pilot Report

Patient Perceptions

Mean scores of patient perception

<table>
<thead>
<tr>
<th>Items on 0 (strongly disagree) to 4 (strongly agree)</th>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>- This health monitoring technology improves my health and care</td>
<td>3.23</td>
<td></td>
</tr>
<tr>
<td>- This technology improves my life</td>
<td>3.11</td>
<td></td>
</tr>
<tr>
<td>- I am more involved in my health care as a result of this technology</td>
<td>3.16</td>
<td></td>
</tr>
<tr>
<td>- This technology will help me live in my home longer</td>
<td>3.18</td>
<td></td>
</tr>
<tr>
<td>- Using this technology has been a positive experience for me</td>
<td>3.20</td>
<td></td>
</tr>
<tr>
<td>- This technology is easy to use</td>
<td>3.27</td>
<td></td>
</tr>
<tr>
<td>- I am confident that this technology will help me if my health starts to decline</td>
<td>3.23</td>
<td></td>
</tr>
<tr>
<td>- I feel better able to manage my health care with use of this technology than I did before</td>
<td>3.38</td>
<td></td>
</tr>
<tr>
<td>- I have gone to my doctor at least once because of what I found out with the technology</td>
<td>2.81</td>
<td></td>
</tr>
<tr>
<td>- I would like to use this technology for as long as I can</td>
<td>3.23</td>
<td></td>
</tr>
</tbody>
</table>

Summary

Home telehealth intervention reduced the rate of emergency department utilization, inpatient hospitalizations and the associated Medicare costs for HCBS/FE clients.

The cost savings of a hospitalization alone ($26,298 per patient annually) are substantial.

The annual rate of nursing home placement during the three-year period was lower than the observed rate for all Kansas HCBS/FE clients.

Patient perceptions of the intervention remained positive and stable over time.

This project yielded a number of positive findings that indicate the effectiveness of home telehealth for HCBS/FE clients and a number of lessons learned.

During the three year pilot study, HCBS-FE telehealth pilot participants were admitted to nursing facilities 20.4% less than other persons in HCBS-FE waiver.

Of the telehealth participants who were admitted to the nursing facility, their average length of stay was only ten months, compared to two year average length of stay for other Medicaid nursing residents. A 58% reduction in length of stay.
Ways to Lower Costs and Improve Outcomes Across the System

<table>
<thead>
<tr>
<th></th>
<th>Nursing Facility</th>
<th>Home and Community Based Services (HCBS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Populations</td>
<td>10,000</td>
<td>4,100</td>
</tr>
<tr>
<td>Medical / Clinical Needs</td>
<td>RNs / LPNs provide care here</td>
<td>Telehealth would fill this need and allow seniors to stay in their homes longer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cost is only $180/mo</td>
</tr>
<tr>
<td>Personal / ADL Needs</td>
<td>CAN / RA's provide care here</td>
<td>Attendant care and homemaker workers provide care here</td>
</tr>
<tr>
<td>Social Needs</td>
<td>Activity Directors / Social Workers</td>
<td>Attendant care and homemaker workers provide care here</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$4,000 / mo</td>
<td>$1,030 / mo</td>
</tr>
</tbody>
</table>

Care Coordination and Integration Expansion

- MCO Case Manager
- LTC Client
- Data Sessions
- Education Tips
- Intervention Steps
- Caregiver
- Telehealth Nurse/Staff
- Client’s Family Members
- Primary Care Physician
- Physician Specialist
Who is a Good Candidate for Telehealth Services?

Agency specific risk assessment tools should be utilized to determine eligibility for Telehealth services. The following items should be taken into consideration when deciding if Telehealth services will be of benefit to each consumer.

* Frail; Natural, gradual decline toward Nursing Facility placement
* Intervention would stop/decrease further decline
* Chronic disease; especially co-morbid; Frequent exacerbations
* At risk for hospitalizations or emergency care visits
* Requires frequent doctors visits
* Difficult to travel for medical appointments
* Lives alone and has some functional ability to work with Telehealth monitoring equipment...in terms of sight, manual dexterity, comprehension and ability to communicate
* Resides in medically under-served, rural or geographically inaccessible area
* Documented history or at risk for unscheduled nurse visits or interventions
* Requires ongoing symptom management related to diagnosis, health or medical needs
* History of non-compliance adhering to recommended disease management

This list is only a guideline for consideration for Telehealth services.

Who is NOT a good candidate for Telehealth services?

* Elder who can manage their health issues with little or no assistance
* Not at risk for Nursing Facility placement
* Infrequent hospitalizations
* Infrequent doctors visits
* Infrequent emergency visits
* Well managed health issues; Infrequent exacerbations
* Unable or unwilling to comply with/use Telehealth services

Consider all factors when choosing Telehealth candidates.
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