Winning with Telehealth: Best Practices for Integrating Evidence-Based Telehealth into our Plan of Care

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We have no relevant financial relationships with any commercial interests

Program Objectives

1. Describe & illustrate methods to use when offering a cost effective telehealth program to your patients.
3. Illustrate the why’s & how’s of making telehealth a standard of care across the healthcare continuum.
What is Telehealth?

- Home monitoring of patient
- Tool to facilitate chronic disease control
- Diseases:
  - CHF - Post-surgical teaching
  - COPD - Non-compliant pts.
  - Diabetes - Psych Dx
  - OB - Wound care reminders

Why Telehealth?

- Convince hospitals of HH value
  - Viable option to prevent re-admissions to hospitals
  - 64% HHA have or will buy telehealth by end of 2014
  - Last survey in 2008 showed 52%

  DecisionHealth, 2013
Why Telehealth?

• Advantages to Clinicians:
  – Increases continuity of care
  – Improves physician oversight
  – Builds trust relationships
  – Re-enforces pt. teaching
  – Heads-off problems/emergencies

Why Telehealth?

• Benefit to patients
  – Higher compliance rate with meds
  – Increases self-monitoring of diet
  – Increases opportunities for patient teaching
  – Daily call becomes social outlet
  – Pre-emptive actions to prevent emergencies
Affording Telehealth

• Our agency’s experience
• Buy or lease?
  – Warranties?
• Already own old equipment?
  – Trade-in value?
• Selecting new equipment
  – Compare vendors & equipment
  – Do your homework - can be confusing
  – Read proposed agreements carefully
  – Talk to other agencies with telehealth

Affording Telehealth

• Grants
  – National orgs
  – State orgs
  – Local/Community orgs
• Insurance coverage
  – Separate payment from HHA
  – Not available all states
  – Own experience
Affording Telehealth

• Self-pay program
  – For patients never on Home Health
  – For patients d/c from Home Health
  – Tailored to patients needs or Dr. orders

Selling Telehealth

• Justify your program
  – Decreased re-admissions to hospitals
    • CHF
    • Pneumonia
    • More Dx to come
  – Increase agency referrals
  – Decrease in Home Health visits
  – Prices of telehealth units going down
  – Increases agency’s value across continuum
Equipment Needed

- Monitor
- Scale
- B/P Cuff
- Pulse Ox

- 4 items = 1 unit

Equipment Needed

- Agency work area
- Computer
- Telephone
- Add-ons:
  - Blood glucose cable
  - Temp probe
  - GPRS (Cell phone adaptor)
Things You Want

• Easy use:
  – Multiple languages
  – Can tailor questions to patients
  – Alert limits specific to patients
  – Pictorial directions

Patient’s Buy-In

• Introducing program to patients
• Information & education materials
• Easy installation & removal process
• Patients can stay home
• Remain independent
• Manage own illness
• Easy to learn & use
Staff Buy-In

- Training staff
  - Include all disciplines
  - Include “why” important to agency
  - Include “why” important to patients
  - Include “why” important to staff
  - Hands-on learning and return demo
  - 2-3 hrs. per employee

![Chart showing telemonitoring utilization]

- 103% Usage FY 2013
- 67% Usage FY 2012
- 50% Usage First 6 Months
Heart Failure Readmissions within 30 Days

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Charges for 1 Year (FY 2013)</td>
<td>$1,528,392</td>
</tr>
<tr>
<td>Total Payment Received</td>
<td>$411,622</td>
</tr>
<tr>
<td>Total Loss</td>
<td>$1,116,770</td>
</tr>
<tr>
<td>Avg Cost to Health System per CHF Readmission</td>
<td>$38,509</td>
</tr>
</tbody>
</table>

Patient Survey

- Seek satisfaction with program
- Survey sent to patient homes
- Kept survey brief
- Patients remain satisfied
Staff Survey

- Electronic survey
- Kept brief 4-5 questions
- Repeated every year
- Staff remain satisfied with program

Telehealth monitoring increases my patients' self awareness of their health condition

- 69.2% Strongly disagree
- 30.8% Disagree
Use of telemonitoring has contributed to improving my patient's outcomes

- Strongly agree: 7.7%
- Agree: 46.2%
- Neutral: 46.2%
- Disagree: 38.5%
- Strongly Disagree: 61.5%

Whenever possible, I refer my patients for telehealth monitoring

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly Disagree
Across Continuum

- HF Certification Committee
- Community outreach
  - Specialty clinics
  - Support groups
  - Senior residences
  - Primary care facilities
  - Hospital staff
  - D/C planners
  - Senior Fairs

Lessons Learned

- Get analytics included upfront
- Label all equipment pieces
- Develop equipment tracking method
- Setup yearly re-calibration method
- Clearly define policies & procedures
Tips

• All disciplines can troubleshoot
• Add’l uses for OT, PT, & Speech
• Develop staff telehealth newsletter
  – Latest statistics
  – New equipment
  – Telehealth new developments
  – Re-emphasize advantages of use

Tips

• HH aides can install & remove equipment
• Comparison savings:
  $29.50 = average RN wages
  $13.00 = average HH aide wages
• Utilizing HH aide for installs, removals & troubleshooting instead of RN =
  $16.50 per hour savings
What’s next?

• Video-monitoring
  – Able to see patient
  – Able to see nurse
  – Able to monitor:
    • Wound care
    • IV’s
    • Tube feedings

What’s Next?

– Conferencing & discussions
  • Families near & far
  • Physicians
– Observing OB patients
– Observing psychiatric patients
– Rural patients
– CMS expansion
– More re-admit Dx
Questions?

MERCY
HEALTH SYSTEM

With all our heart. With all our mind.