Telehealth – Engaging Patients and Improving Outcomes
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Fred Cantor MBA, MSN, RN, NREMT-P
Manager Telehealth and Patient Health Coaching
Franciscan Visiting Nurse Service

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Conflict of Interest

Fred Cantor Has no real or apparent conflicts of interest to report.
Agenda

• Creation of a telehealth program
  – Outlining your goals
  – Knowing your limits
  – Choosing the right staff
  – Setting ground rules

• Key components
  – Equipment
  – Clinical staff
  – Support staff

• Collecting Data
  – Define metrics
  – Measure, measure, measure
  – Make adjustments

• Return on investment
  – Improving care
  – Adding value
  – Efficiencies

• Putting it all together
Learning Objectives

• Describe the creation and management of a comprehensive telehealth program
• Define the core components needed to achieve positive outcomes
• Compare different approaches to achieve best ROI
Benefits Realized for the Value of Health IT

- The Value Steps impacted were:
  - Satisfaction
  - Treatment/Clinical
  - Patient Engagement
- Patient Satisfaction consistently above the 90th percentile
- 30 day disease specific readmission rates well below national average
- Overall readmission rates reduced
- Increase patient engagement

http://www.himss.org/ValueSuite
Overall patient satisfaction with the technology was in the 93rd percentile for 2015.

Telehealth refusals have decreased to below 5% for 2015.

Telehealth has shown high patient satisfaction throughout the program and has also aided in raising the overall patient satisfaction with the agency.
Telehealth – Patient satisfaction survey

2015 Return rate was 40.6%
Capture rate of patients admitted with 5 major Diagnoses (CHF, COPD, HTN, CAD, DM) continues to rise which is translating to a decrease in overall readmission rates.
30 Day diagnosis specific readmissions

- Improving overall care
Telehealth – Program Creation

Choose goals

- Who is the target population
  - Focus on a disease process or specific patient class?
- What are the desired outcomes
  - Improve overall outcomes
  - Reduce readmissions
  - Increase efficiency
  - Value added

Choose staff

- Registered nurse
  - Background
    - Critical care vs. med surg
  - Licensed practical nurse
  - Other

Choosing ground rules

- Who is responsible for your patients?
  - Monitoring staff
  - Field staff

Why is this important? While you want your program to be dynamic and fluid with your growth it is important to lay the best possible foundation to grow on. This will increase initial buy in and help ensure success.
Telehealth – Program Creation

- Know your limitations
  - Equipment
  - Staff
  - Will you require a physician order?
    - Check state and local legislation

- Why are limitations so important?
  - Equipment will be a large capital investment. Plan ahead for growth so the program doesn’t stall due to budget.
  - Choose a company with a history of cutting edge technology

- Staff
  - Staff is a long term investment. Keep in mind background and experience. Telephone triage and assessment is a very difficult skill to teach

Telehealth – Key Components

• Equipment
  – Match your goals
  – Choose wisely, there is no turning back. A large capital investment into equipment will greatly influence ability to switch product / vendor
  – Think about future uses ie: Video monitoring, advanced education

• Clinical staff
  – Expertise
    • Focus on assessment skills and ability to draw out information
  – Productivity
    • Benchmark is 3.5 minutes per patient
      – This can vary widely depending on scope of monitoring staff

• Support Staff
  – Skill level
    • Customer service is key
  – Productivity
    • Visits per day
    • Take into account equipment maintenance
  – Transportation
Telehealth – Program Creation

- Clear and concise policies
  - Contact limits
    - First 3 days on monitoring
    - Yes answer to dynamic questions
    - Alert limit exceeded
    - Non testing / non compliance
  - Ranges
    - Static or dynamic vital sign ranges
    - Who will be in charge of setting?
- Notifications
  - Acute/Nonacute
    - Tiered level of notification
    - Where will information go

- Installation/Removal rules
  - Geographic's
  - Cleanliness
  - Compliance
  - Safety
- Clinical discretion
  - Increases buy in
- Data
  - Who will have access?
  - Analytics
Telehealth – Key Components

• Collecting Data – Define your metrics
  – How will you measure success
    • Readmission rates
      – CMS Quality indicator
    • Testing compliance
      – How effective is the program
    • Increased efficiencies
      – Cost savings and improved delivery of care
  • Productivity
    – Value added
Telehealth – Key Components

TELEHEALTH MONTHLY DATA:
--NOVEMBER 2015--

• Total of Patients Monitored: 250
• Total New Installs: 102
• Total Removals: 81

• Daily Average of:

<table>
<thead>
<tr>
<th>Patients Monitored</th>
<th>Phone Calls</th>
<th>Alert Packets</th>
<th>Empty Packets</th>
<th>Transmit Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>155</td>
<td>70</td>
<td>84</td>
<td>51</td>
<td>12</td>
</tr>
</tbody>
</table>
Telehealth – Key Components

**TELEHEALTH MONTHLY DATA:**
---NOVEMBER 2015---

Average of Installation Time (from referral date):

<table>
<thead>
<tr>
<th>Installed</th>
<th>Initial Install Contact</th>
<th>Install Delay Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 Days</td>
<td>1.3 Days</td>
<td>1.3 Days</td>
</tr>
</tbody>
</table>

Average of Vitals Acknowledgement:

**ALERTS** = 1 hour, 57 minutes

**WITHIN LIMITS** = 1 hour, 15 minutes

**EMPTY PACKETS** = 1 hour, 18 minutes
Telehealth – ROI

1. Efficiency gains: Savings in time and staffing
   Using telehealth increases data accuracy and optimizes care coordinator time. Remote patient monitoring systems save time for patients and clinicians by avoiding superfluous—and expensive—care management.

2. Cost management: Reduced readmissions
   Shift the focus of ROI from improving incoming cash to reducing unnecessary care and avoiding penalties. Research shows remote patient monitoring keeps patients on-track for their care plans and out of your ED.

3. Payer reimbursement is also on the upswing.
   Today, 24 states and Washington, D.C., mandate reimbursement for commercially-provided telehealth services. In 2014, Medicare telehealth reimbursements hit their highest level to date at $13.9 million. Private payers like UnitedHealthcare and Anthem are also announcing coverage of telehealth video visits for larger sectors of their self-funded employers, employer-sponsored, and individual plan participants.

Sources: https://www.advisory.com/research/market-innovation-center/the-growth-channel/2014/09/the-real-roi-for-telehealth
Telehealth – ROI

- Adding Value
  - Increasing referrals
    - Build partnerships
  - Improve ratings
    - Readmission rates
    - Patient satisfaction
    - Family / caregiver satisfaction
  - Diversify
    - Value added
    - Fee for service
    - Private pay
Telehealth – ROI

• Improving overall care

Franciscan VNS Homecare Readmission Rates

79% increase in Telehealth utilization over 3 year period
Telehealth – ROI

• Efficiencies
  – Triage and scheduling
    • Making more informed decisions
    • Census management
  – Patient satisfaction
    • Increasing contact and engagement
  – Patient locations
    • Meeting CMS guidelines
      – Admissions and resumptions
Telehealth – ROI

- Different approach
  - Population vs. disease specific
  - Staffing
    - Dedicated or multifunctional
  - Equipment
    - Own or lease
  - Monitoring
    - What data will you collect?

If at first you don’t succeed you’re doing it wrong. Learn from the experience. Try again, but with a different approach.
-Steve Maraboli
Telehealth – ROI

- Reimbursement opportunities
  - Value Added
  - ACO / MSSP
  - Private insurance
  - Private pay
  - PAC / SAR / AL / ECF / Non skilled
  - Medicaid
Indiana Medicaid Reimbursement

• Per 405 IAC 5-16-3.1, to initially qualify for telehealth services, the member must have had two or more of the following events within the previous 12 months:
  – Emergency room visits
  – Inpatient hospital stays

• The two qualifying events must be for the treatment of one of the following diagnoses:
  – Congestive heart failure
  – Chronic obstructive pulmonary disease
  – Diabetes

• Additionally, to qualify for telehealth services, the member must be receiving or approved for other IHCP home health services.

• The PA request for telehealth services must be submitted separately from other home health service PA requests. Once initially qualified, to continue receiving telehealth services, the member must have a current diagnosis of one of the previous qualifying diagnoses and continue to receive other home health services.

• Services may be authorized for members for up to 60 days per PA request.
Indiana Medicaid Reimbursement

Table 1 – Telehealth procedure codes covered for DOS on or after December 1, 2014

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Rate</th>
<th>Revenue Code</th>
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</thead>
<tbody>
<tr>
<td>99600 U1</td>
<td>Unlisted home visit service or procedure; one-time initial face-to-face visit necessary to train the member or caregiver to appropriately operate the telehealth equipment</td>
<td>$14.45</td>
<td>780</td>
</tr>
<tr>
<td>99600 U2 TD</td>
<td>Unlisted home visit service or procedure; remote skilled nursing visit to monitor and interpret telehealth reading; RN</td>
<td>$9.84</td>
<td>780</td>
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</tbody>
</table>
Telehealth – Putting it all together

• Buy in
  – Staff (field staff and inpatient staff)
  – Physician groups
  – Leadership

• Solicit feedback

• Accuracy of data
A Summary of How Benefits Were Realized for the Value of Health IT

The telehealth program continues to have high patient satisfaction as well as reduced readmission rates. Further, the opportunity to provide increased and personalized education fosters higher patient engagement.
Questions?

Fred Cantor MBA, MSN, RN, NREMT-P
Manager - Telehealth and Patient Coaching
Visiting Nurse Service at St. Francis, Inc.
317-782-7227
Frederick.Cantor@franciscanalliance.org
1300 Albany St
Beech Grove, IN 46107