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The Telehealth Solution for Chronic Disease Management

BY WAYNE BAZZLE, CEO, HOME HEALTHCARE PARTNERS

During the coming five years we will see every sector of our healthcare industry far into their reformation—a process that will accelerate during the last half of this decade and beyond. The patient's home will become a far more important focal point for patient wellness, treatment and rehabilitation. The home healthcare industry will see extraordinary consolidation, while also adopting telehealth solutions that make it possible to sharply improve health care quality. Concurrently, homecare industry survivors will both reduce skilled nursing visits by at least 25 percent per episode of care and patient re-hospitalization rates by more than 50 percent.

THE TELEHEALTH SOLUTION

Home Healthcare Partners (HHP) is a home healthcare and telehealth company with a chronic disease management focus. Based in Dallas, Texas, and founded in 2003, HHP serves the needs of patients throughout Louisiana and much of Texas. HHP began its telehealth specialty in April 2006 in order to provide superior care to chronically ill patients and now provides daily telehealth care to approximately 1,900 patients—about 55 percent of HHP's Medicare census—through its VitalPartners 365®, making it one of the largest homecare sponsored telehealth services in the country.

Telehealth hardware provides blood pressure, heart rate, weight, oxygen saturation levels and accommodates optional glucometer and peak flow meter attachments. HHP developed proprietary software systems with the capacity to generate detailed patient hospitalization information. This system is unique and contributes to a significant reduction in re-hospitalization rates for HHP telehealth patients. Since 100 percent of HHP's patients receive home healthcare services, it is logical to assume that such patients are more seriously ill than the average Medicare patient discharged from a hospital (only 8.9 percent of hospital discharges for Medicare patients are to home health). Nevertheless, the company's 30-day hospitalization rate for its Telehealth patients is 6.7 percent, which is 66 percent lower than the average readmission rate for all Medicare beneficiaries discharged from a hospital (see Table 1, page 13).

Another factor that makes this data even more significant is the health profile for Texas and Louisiana, which can be described as epicenters of chronic disease (cardiac disease, hypertension, diabetes) and the uninsured.

While the first savings target of opportunity is avoidable hospital readmissions, total admissions represent a far larger savings potential. Based on Medicare data, the average cost



per hospital stay for all of 2009 was \$9,485 and admissions totaled 10,749,247, costing Medicare fee for service (excludes Medicare Advantage) over \$102 billion! Given that the chronically ill, and not the acutely ill, account for about 76 percent of all hospitalizations, the long term opportunity for hospital cost savings is far greater than savings to be generated through focusing on just re-admissions.

COMPARISON OF PATIENTS BY DISEASE CATEGORY

Diabetic patients realize the greatest benefit from telehealth of all chronic disease categories but all benefit materially. This is significant since Texas ranks 40th and Louisiana 47th in the nation for diabetes. The "other" category includes patients with a wide array of health issues including Alzheimers (see Table 2, page 13).

INCOME LEVEL COMPARISONS: ALL EPISODES

Patients are assigned income levels based on their zip code and published income information obtained from census data. "All" episodes rather than first episode data was used so that the under \$15,000 category would be large enough to be relevant. This income level group is generally the most disadvantaged in terms of financial resources, education and access to healthcare services.

Of all groups, many have thought the very low income group to be the least likely to respond to a telehealth program which places heavy emphasis on behavior modification. Interestingly, all of HHP's patients in this category, telehealth or not, live in one Louisiana parish which was among those most ravaged by Hurricane Katrina. While admittedly a small sample, results create hope that these low income patients may be more effectively cared for by telehealth services than all others, reversing previous assumptions.

Table 3 makes it apparent that far more is to be learned through in depth data mining. We care for individual patients, not groups. Developing



predictive models should lead to more effective and targeted care.

KEY COMPONENTS OF A SUCCESSFUL MODEL

1. This service will not be fully successful unless senior management takes a passionate interest in its success.
2. The success of a telehealth service depends primarily on the effectiveness of its clinical component. Clinicians following patients' vital signs and coaching them about adverse changes should be full time in this position—not part time. The ability of seasoned clinicians with critical care experience to “coach” patients regarding the nature of their health issues, their medication and their nutritional management needs is the heart of a successful telehealth program. Critical care experience is necessary so that they are comfortable making decisions on their own. Without this level of experience, clinicians are more likely to send a patient to an emergency room than to help them work through their health issue, defeating the purpose of the telehealth service; however, it is important that health coaches have the self confidence necessary to advise a patient to go to a hospital if that is warranted. Also, telehealth clinicians MUST gain the respect of field clinicians. Some field clinicians may view telehealth as an intrusion into their own area of expertise. Unless they have a lot of respect for the Vital Station nurses, expect a lot of “push back.” Developing a team of such clinicians and program support systems is time consuming and expensive; therefore, many organizations may prefer to outsource the clinical service component
3. Recognize there will be a long learning curve. Vital signs information is pretty black and white, but knowing what questions to ask and how to hear and interpret the answers is learned with time. It took two years for our team to get good at this and, of course, we are still learning.
4. Legal liability is important to recognize. If vital signs information is received indicating that a patient may be in distress, that information must be acted upon quickly, not when someone finishes with another task or returns from lunch. And, we think it is important to monitor our patients every day of the year including weekends and all holidays. When it comes to telehealth, our view is to really do it, or really don't.

5. While there are a number of telehealth monitors available, some better than others, they serve principally as devices for data transmission. Capturing all important information in a system that provides rapid, accurate analysis is essential to effective management of the program and program patients.
6. Focus on medication management. Our process begins with the discharge of the patient from a hospital to our service. Our telehealth clinicians interview patients in detail about their health concerns and their medications. We help the patient understand the purposes of their medications and the importance of taking them on a timely basis.

It is clear that telehealth is effective and generates savings in Medicare, and based upon our data it is safe to predict that the same improved outcomes and cost savings can be achieved in the Medicaid programs.

Wayne Bazzle is the CEO of Home Healthcare Partners, a home healthcare company that provides skilled nursing and therapy services through Medicare-certified locations in Louisiana and Texas.

Table 1: 30-day Re-hospitalization Rates

Medicare Beneficiaries – U.S. Average	19.6%
Texas Medicare Beneficiaries	19.4%
Louisiana Medicare Beneficiaries	21.3%
Home Healthcare Partners – Non-Telehealth	15.4%
Home Healthcare Partners – Telehealth	6.7%

Table 2: Comparison of Patients by Disease Category

Chronic Disease	% Hospitalized—Telehealth	% Hospitalized—Non-Telehealth	Difference
Diabetes	12.2%	29.7%	-58.8%
Heart Disease	16.4%	28.8%	-43.1%
Hypertension	10.6%	18.7%	-43.5%
Pulmonary	16.6%	29.7%	-44.2%
Other	8.2%	21.3%	-61.3%
ALL CASES*	12.3%	23.2%	-47.1%

**Represents 1,289 telehealth episodes and 5,615 non-telehealth episodes.*

Table 3: Income Level Comparisons: All Episodes

Income Level	% Hospitalized—Telehealth	% Hospitalized—Non Telehealth	Difference
Less than \$15,000	7.5%	20.3%	-63.0%
\$15,000-34,999	12.1%	18.8%	-35.4%
\$35,000-49,999	15.5%	18.7%	-16.9%
\$50,000-74,999	13.6%	18.3%	-25.5%
\$75,000 and up	12.2%	16.8%	-27.5%

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