



The Future of Home Health is Here

How Home Health Agencies Can Bridge the Care Gap for ACOs and Hospital Networks

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Home health agencies are in the unique and challenging position of providing continued care for patients once they leave the confines of a hospital or clinic. They are often the final point of contact for patients as they move through the care continuum and work to transition back into their daily lives after being discharged.

Over the past decade, telehealth technology has evolved into a reliable means for home health agencies to more effectively supervise a larger number of patients by regularly monitoring their vital signs and providing clinical intervention when required. In addition, recent studies have demonstrated that use of remote patient monitoring can reduce readmission rates by more optimally managing chronic disease states through ongoing vitals monitoring.

But what happens when the paths of home health agencies and patients diverge? For years, patients have lacked an effective “step-down” solution to aid in the transition from clinical oversight to managing their own healthcare.

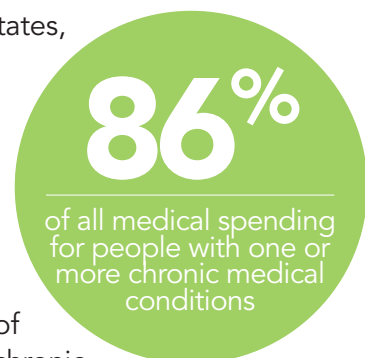
Now, however, one home health agency is in the pilot phase of a new step-down technology solution to help patients monitor their own vital signs while still having access to emergency assistance should they need it.

Long-term Benefits of Telehealth Among Patients

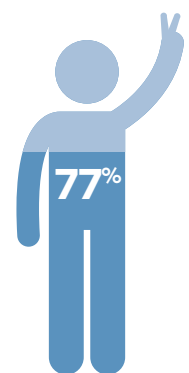
As healthcare organizations have sought to deliver on current Triple Aim initiatives – improved health outcomes, reduced hospitalizations and readmissions, and reduced costs for both the payer and care provider – telehealth has become more widely integrated, especially among organizations seeking to manage chronic diseases.

These types of disease states (including diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), asthma, and hypertension) involve frequent monitoring of vital signs, coordination among care providers, and effective and sustained self-care. Telehealth technologies can – and have – addressed these factors.

Chronic disease is also quite prevalent and very costly in the United States, especially among older adults; chronic disease is the primary cause of death in seven out of 10 deaths and, in 2010, 86 percent of all health care spending was for people with one or more chronic medical conditions. Nearly 92 percent of older adults have at least one chronic condition, and 77 percent have at least two.



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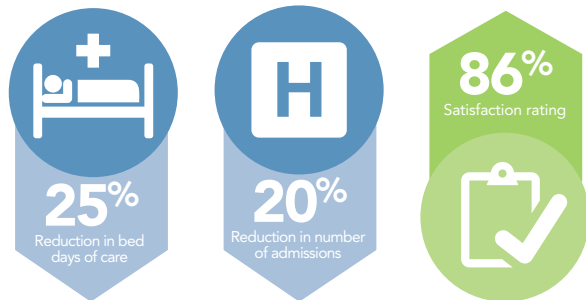


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¹Centers for Disease Control and Prevention. Death and Mortality. NCHS FastStats Web site. <http://www.cdc.gov/nchs/fastats/deaths.htm>. Accessed December 20, 2013.

As a nod to its substantive positive impact, the Department of Veterans Affairs (VA) has made a strong commitment to telehealth among its veterans by developing a national program called the Care Coordination/Home Telehealth (CCHT) program. The purpose of CCHT is “to coordinate the care of veteran patients with chronic conditions and avoid the unnecessary admission to long-term institutional care.”

**Remote Patient Monitoring Technologies:
Chronic Disease Management Comparative Study**



To that end, the VA has broadly deployed a range of Remote Patient Monitoring (RPM) technologies in 50 different health management programs across 18 Veterans Integrated Service Networks and conducted various studies showing improved chronic disease management, cost savings, and reduced hospital admissions and emergency department (ED) visits. Findings from comparative studies conducted on 17,025 patients enrolled in the VA CCHT program in 2006 and 2007 show a 25 percent reduction in bed days of care, 20 percent reduction in numbers of admissions, and a mean satisfaction score rating of 86 percent.

The research on telehealth technology and its ability to impact patients long-term is sound. Its biggest issue, however, is in its ability to scale to larger patient populations. The technology solution (comprised on the front-end of a remote patient monitor and peripherals for the patient), and back-end software (for a telehealth nurse to review and monitor) is too expensive to maintain in the long-term across broad patient populations. Which begs the question – is there a telehealth solution that removes the more expensive long-

term clinical component, while still delivering the core benefit of monitoring vital signs?

**MobileVitals®:
A New Telehealth Solution**

As the nation’s leading provider of mobile medical alert devices, MobileHelp was well-positioned to develop the technology behind an effective consumer-facing telehealth product – a step-down solution for patients moving out of a clinical care environment, or for those who simply want to proactively manage their own health.

Its new MobileVitals system is an easy-to-use “telehealth-lite” solution, which allows people to monitor their own vital signs with the added benefit of a medical alert system for personal safety – allowing users to access emergency help if they need it.

“We wanted to go beyond a reactive emergency product to a system that would be more proactive in terms of health and wellness,” said Chris Otto, SVP of Business and Product Development of MobileHelp. “To do that, we’ve added several applications on top of our basic system that were complementary to the typical use-case, from activity tracking and medication reminders to the new MobileVitals solution.”

With the average medical alert customer managing at least two chronic illnesses, MobileHelp recognized there was an opportunity to help them by adding a convenient way to monitor vital signs on a regular basis, with tools like blood pressure cuffs, weight scales, pulse oximeters, and glucometers.

Any information collected from these tools is transferred via Bluetooth to a medical hub in the user’s home and then sent via a cellular data network to the MobileHelp cloud server – MobileHelp Connect. MobileHelp Connect allows users access to personal health data points that can be securely stored and shared.

²Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. Multiple Chronic Conditions Chartbook.[PDF - 10.62 MB] AHRQ Publications No, Q14-0038. Rockville, MD: Agency for Healthcare Research and Quality; 2014. Accessed November 18, 2014.

“MobileHelp is a complete platform that scales with the patient. At its core, it provides a medical alert application but with many more features built in,” said Otto. “For example, you can log in to MobileHelp Connect and see how active you were within a certain period of time, as well as track data points like oxygen saturation, weight and blood pressure.”

Pilot Program at Rockford Health System

MobileHelp’s new MobileVitals system was recently tested in a pilot program by the Visiting Nurse Association (VNA) of the Rockford Area, a part of the Rockford Health System – one of the largest health systems in the Midwest. The VNA believed MobileVitals was the step-down solution it needed to help its patients transition from the clinical oversight the VNA provides every day to managing their own care.

“Our telehealth program uses a combination of technology and skilled nursing staff to work with high-risk patients who have been recently discharged from the hospital,” said David Taylor, Supervisor of Telehealth Services at the VNA.

The VNA has been successful in using its telehealth program to prevent re-hospitalization of its high-risk patients through early recognition of symptoms and immediate clinical intervention.

One trend the VNA noted early on: numerous patients wanted to keep their monitors so they could continue to track their vital signs. The VNA recognized the consistent requests as an unmet need for patients to leverage the educational benefits of working with VNA nurses every day – without the high cost of clinical involvement.

“After a few weeks of working with us and tracking their vital signs every day, the patients are highly educated on what their vital signs should be and what they mean, and they recognize that if, for example, they have a three-pound weight gain in a day, it is indicative of a problem,” said Taylor. “They know what the signs and issues are, and they know when they should be seeking assistance.”

The Patient Benefits of a Step-Down solution

With MobileVitals, VNA patients now have the capability to track and monitor their vital signs on a daily basis – much as they did with the VNA, but without the clinical intervention. They are monitoring their own signs. In addition, they still have access to emergency services if they need it.

Taylor says his patients have responded positively to the ability to manage their own data, and have especially appreciated the additional features available with the system, such as activity tracking and medication reminders.

“The medication reminders application can also help to prevent re-hospitalizations, especially when patients have so many medications to keep track of after discharge,” he said. “Whenever a person needs to take their medication, they then get those reminders. That is a huge benefit.”



The ease of use with the product is another tremendous benefit. Typical telehealth vendors usually have products that have to be installed by the nurse in the home. The MobileVitals system, on the other hand, is shipped directly to the customer.

“If there is any assistance required for anything in terms of getting it set up, that can all be done over the phone,” said Otto. “It makes it so easy to scale up quickly, because you don’t have to go through a huge, complicated installation process. The process could be as simple as:

- 1 the patient is referred to us at discharge
- 2 the MobileVitals system is shipped to their home
- 3 the patient plugs the system in to start using it

Then we have a full team of customer service representatives available to talk them through any issues they have.”

The benefits extend beyond the patients and providers, to family members as well. The MobileHelp Connect system provides a secure portal for family members to keep tabs on how their loved one is doing.

“If I’m across the country from my mom and she’s using MobileVitals, I can log in to MobileHelp Connect and check in on her at any time to see what’s going on and how she’s doing,” said Taylor. “It provides a lot of peace of mind for families.”

Giving Home Health Agencies a Key Competitive Advantage

While re-hospitalizations occurring within 30 days of hospital discharge carry punitive implication to an organization, increasing focus on periods as long as 60-90 days is becoming more common. But as previously stated, the key to better outcomes and effective management of chronic illnesses is long-term monitoring.

With a technology solution like MobileVitals, long-term monitoring is possible, without the high cost of clinical oversight. This means readmissions after that 60-day period can be reduced – even after the patient has transitioned out of the care of the home health agency.

Leveraging this technology allows home health agencies to transition patients back to their home with greater peace of mind that they will remain healthy.

And as home health agencies continually look for new ways to position themselves within the landscape of an ever-shifting healthcare industry, the long-term successful patient results reinforce their ability to provide a competitive solution as they work within hospital and ACO networks.

“It helps keep people out of the hospital on a long-term basis, which provides successful statistics for our home health agency and cost savings for every party involved,” said Taylor. “It’s a win-win-win scenario.”



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