

The Benefits of Offering Telemedicine for Your Residents & Your Facility ... Is Your Facility Ready for Telemedicine?



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10:30 AM

John Whitman, MBA, NHA
Chandler Hall Health Services
The TRECS Institute & The Wharton School
JohnWhitman@theTRECSInstitute.org
484-557-6980

Meet Gertie



Today's Goals



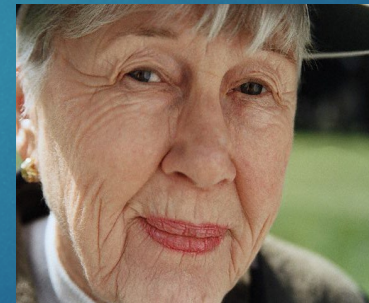
- 1) To review the what is happening with Telemedicine... specifically in long term care and why it is so important
- 2) To highlight the findings of a 12-month CMP telemedicine study with 28 skilled nursing facilities in Florida ... discussing both the quality of care and financial impact
- 3) To identify the different models for providing telemedicine in LTC and the advantages/disadvantages they offer
- 4) To highlight the key facility characteristics essential to help assure a successful telemedicine service at any given SNF

But first, Consider this...



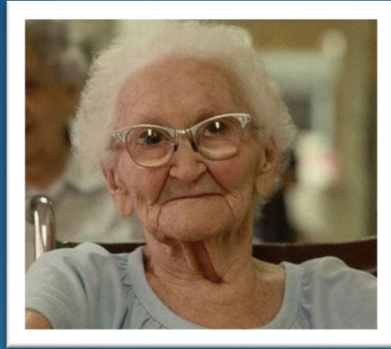
▶ Seniors ... what a terrible term!

- ▶ Cover 5-6 decades of time
- ▶ Represent tremendous variations in:
 - ▶ health status
 - ▶ ethnic background
 - ▶ education
 - ▶ economic status
 - ▶ geographical location
 - ▶ family support (or lack of it)
 - ▶ Behavioral Health needs

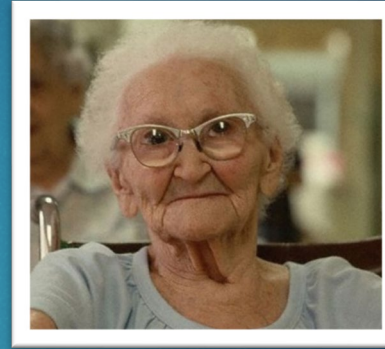


Yet we lump them all together in the term "Senior"

Two 83-Year-Old Women with the exact same medical conditions



- Lives with daughter – RN
- Three children – socialization
- Nice home with her own room
- Transportation when needed
- Meals provided
- Financially comfortable
- Ease in Mobility

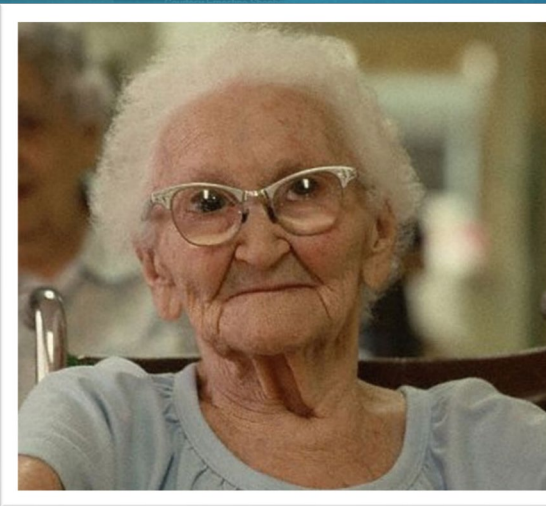


- Lives alone
- No immediate family
- Third floor apt – no elevator
- No access to transportation
- Unable to shop for food
- Limited income - Medicaid
- Difficulty with mobility

Who do you think has the better chance of living longer?



6



Telemedicine – Where did it all start?

- ▶ A Radio News Magazine from 1924 featured an illustration of a doctor attending to a patient via video call, under the headline “The Radio Doctor–Maybe!”
- ▶ In **1940s** Pennsylvania, radiology images were sent 24 miles between two townships via telephone line in the world’s first example of an electronic medical record transfer.
- ▶ The first people to use video communication for medical purposes were clinicians at the University of Nebraska. In **1959**, the university established a two-way television setup to transmit information to medical students across campus, and five years later linked with a state hospital to perform video consultations.
- ▶ The University of Miami School of Medicine partnered with the local fire department in **1967** to transmit electrocardiographic rhythms over radio to Jackson Memorial Hospital in rescue situations. Remote medicine had officially hit the streets.

Telemedicine Continues to Expand

- ▶ Telemedicine became popular in rural areas, where populations with limited healthcare access could now reach specialists from afar.
- ▶ In the 1960's and 70's, the Public Health Department, NASA, the Department of Defense and the U.S. Health and Human Services Department all invested time and money for research in telemedicine.
- ▶ A project called Space Technology Applied to Rural Papago Advanced Health Care (STARPAHC), a partnership between the Indian Health Services and NASA provided both Native Americans on the Papago Reservation in Arizona and astronauts in orbit with access to medical care.
- ▶ Emergency care for rural areas and telemedicine to monitor cardiac and other specialty units dramatically expanded
- ▶ What was the first wide spread use of telemedicine in long term care?

Long Term Care has not been on the forefront of technology



We tend to adopt or invite
technology only after it is an
industry standard
or
regulator requirement

Why is Telemedicine So IMPORTANT for Skilled Care Facilities?

- ▶ To eliminate the use of “Phone Medicine”
- ▶ Phone Medicine: When a physician uses the phone to diagnose and treat SNF residents when not in the building
- ▶ Currently phone medicine is recognized as the industry standard for caring for LTC residents when the physician is not in the facility
- ▶ CMS estimates that 40% or more of all SNF to hospital transfers, when viewed in retrospect, do not have a valid medical condition to justify the original admission

Telemedicine ... The Ability To Differentiate Resident's that Truly Need Hospitalization

- ▶ Two-way video interaction
- ▶ Digitally enhanced stethoscope
- ▶ Zoom camera
- ▶ Otoscope
- ▶ Pillow speaker & privacy phone
- ▶ No log in/keyboard
- ▶ ***The real key to success is not the equipment but the clinician at the other end...***



Various Telemedicine Models

▶ In House Model

- ▶ Using facility's physicians 24/7

▶ Hybrid Model

- ▶ Using facility's physicians during the day
- ▶ Using telemedicine practice during off hours

▶ Expanded Hybrid Model

- ▶ Using facility physicians during the day, unless...
- ▶ Using telemedicine practice during day when facility's physicians are unavailable
- ▶ Using telemedicine physicians during off hours

Different Equipment Options

▶ Full cart

- ▶ Large monitor
- ▶ Stethoscope
- ▶ Zoom camera
- ▶ Otoscope
- ▶ EKG

▶ Partial cart

▶ No Cart

- ▶ I-Pad (with or without stethoscope)
- ▶ Laptop (with or without stethoscope)
- ▶ Phone

Goals of the Civil Money Penalty Telemedicine Program in Florida



- ❑ Prevent 700 unnecessary and avoidable hospital admissions
- ❑ Reduce potential exposure of residents & staff to COVID
- ❑ Improve the clinical skill level of nursing staff
- ❑ Determine the economic impact per facility/Medicare
- ❑ Identify the key success characteristics for any SNF

Basic details from the Florida Civil Money Penalty Program

- ❑ 28 Participating SNFs across Florida at no cost
- ❑ 15-month program
- ❑ 2 months training & preparation/1 month report
- ❑ 12 months of telemedicine service
- ❑ Encouraged MD & local PCPs to use during day
- ❑ Telemedicine service for “off hour” coverage

Preliminary Findings of Florida's Telemedicine Civil Money Penalty Grant

- ❑ Total Telemedicine calls = **11,185**
- ❑ Voice Calls = **8,827** Escalated to video = **2,358**
- ❑ Total Avoided Hospital Admissions = **1,106**

- ❑ Total facility revenue generated = **\$2,373,624**
- ❑ Total “lost opportunity” for Medicaid = **\$392,175**
- ❑ Net revenue impact for all facilities = **\$1,981,449**
- ❑ Average net revenue per facility = **\$5,897/month**
- ❑ Estimated impact on Medicare = **\$13 million +_**

- ❑ Nurses reporting increase in clinical skill = **63%**

How to Calculate Economic Impact

- ❑ Three direct areas provide economic impact
 - ❑ Originating fee from CMS
 - ❑ Additional billing by keeping residents in the SNF
 - ❑ Conducting specialty consults through telemedicine
 - ❑ Avoids need & cost to transport
 - ❑ Reduces risk of exposure to COVID
- ❑ Indirect Benefits of Telemedicine in SNFs
 - ❑ Reduces return to hospital rate
 - ❑ In return, more hospital admissions
 - ❑ Prevents delays in care
 - ❑ Specialty consults especially
 - ❑ Supports nursing staff
 - ❑ There not alone especially on nights and weekends
 - ❑ Great marketing differentiator

Calculating Economic Impact

- ❑ **Its all about avoided hospital admissions**
- ❑ Evaluate facility specific information for each payor type
 - ❑ ALOS in hospital
 - ❑ Percent that do not return to SNF
 - ❑ Average per diem
 - ❑ Average number of Medicare skilled days generated
- ❑ Apply details based on payor
 - ❑ Medicare/managed care = major financial benefit
 - ❑ Medicaid = Lost revenue opportunity

True economic impact is the net difference

Facility Characteristics needed to be Successful in a Telemedicine Program



- Strong Management Team
 - NHA
 - DON
- Support of the Medical Director
- Buy in from nursing staff
- Buy in from local PCPs
- A good telemedicine practice for after hours
 - Clinically strong in senior care/SNFs
 - Good communicators with staff and MDs
- Good equipment
- Good data collection process

Success Steps Needed Regularly

- ❑ Regular and ongoing monitoring by DON
- ❑ Checking hospital transfer log regularly ... and reacting
- ❑ Effective training of all staff (and retraining)
- ❑ Mandatory training of agency staff
- ❑ Be aware of potential attempts by physicians to sabotage the program

Recommendations Generated from the Florida Program

- ❑ Identify and train “Facility Champions” within the nursing staff
- ❑ Meet with Medical Director and PCPs prior to starting
- ❑ Select a strong Telemedicine Practice to cover off hours
- ❑ Identify and publicize “success stories”
- ❑ Monitor data and calculate financial impact
- ❑ Use your telemedicine program as a marketing tool

Ability of Telemedicine to Reduce Risk of COVID

- ❑ Keeping residents in the SNF
 - ❑ Minimizes exposure to COVID
 - ❑ Minimizes risk of bringing COVID back to SNF
 - ❑ Minimizes risk to other residents and staff
- ❑ Keeping physicians out of the SNF
 - ❑ Minimizes the risk of them bring COVID to SNF
- ❑ **This 12-month study generated at least 1,106 times when vulnerable seniors avoided potential exposure to COVID and being unnecessarily admitted to an acute care hospital ... that is Quality Improvement!**

Other potential uses of Telemedicine

- ▶ Home based visits for:
 - ▶ High risk SNF discharges
 - ▶ Hospice patients
 - ▶ Palliative care patients
 - ▶ Home bound community medical practice
 - ▶ Personal care
 - ▶ Other?

Please Reach Out to Me Anytime!

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Robots in Long Term Care



Robots to Supplement Staff



Robot & Frank



If Time Permits

- ▶ Is anyone currently using:
 - ▶ Remote patient monitoring?
 - ▶ Remote rehabilitation training?
 - ▶ Robots?
 - ▶ Automated vitals devices?



Wi Fi
Connection



Cellular
Connection



24/7 Call
for Help



2-way
Audio/Video



Wireless
Charging



Voice
Activation



Vibration



Events
Reminder



Med
Reminder



GPS

Staying Always Connected

21:23:55;23

RENO
911!





ACHIEVEMENT

YOU CAN DO ANYTHING YOU SET YOUR MIND TO WHEN YOU HAVE VISION,
DETERMINATION, AND AN ENDLESS SUPPLY OF EXPENDABLE LABOR.

Thank God for Springtime!

