Telemedicine Reduces Unnecessary Transfers for Rural Long Term Care Residents



September 18, 2014. Start time is 12:00 PM (central time)





Featured Presenters





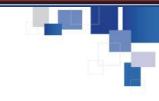
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Changes in CMS Reimbursement

- Skilled Nursing Facility Value-Based Purchasing Program
- Designed to reduce Medicare reimbursement rates in SNF's with higher rates of potentially preventable readmissions
- Creates an incentive pool for high performers
- Anticipated savings of \$2B over 10 years







Telemedicine for Rural Long Term Care Webinar, September 2014 Triple Aim: Improved Care, Improved Outcomes, Lower Cost







The Future of Medicine...Now!





Meet Harold











eLTC Vision

- Improved access to healthcare services will result in sustained or improved health status; and overall reduce the cost of care by reducing Emergency visits and hospitalizations.
- Enhance the quality of life for elders by providing access to geriatric focused providers, advanced care planning, and pharmaceutical management support.







Today's eLTC Value

- Immediate access to urgent care services
- Early intervention
- Decreased transportation costs
- Reduced unnecessary ER visits and hospitalizations
- Reduce risk of advance in debilitation and confusion related to stress of acute episode of care

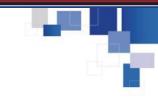












Early Intervention, Reduces Risks Associated with Hospitalization

- Transfers commonly result in complications in older residents
- Hospitals represent high risk environment for frail elderly
 - Confusion- delirium
 - ✤ Falls
 - Resistant Infectious Organisms
- Access to quicker intervention can reduce the number of acute episodes in many fragile residents
- Financial and regulatory considerations bundled care







Care sensitive hospitalizations carry an annual cost of 2 billion dollars

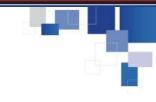
- Discharge to LTC is still the strongest predictor of readmission -1 in 4 residents are rehospitalized, 4.3 Billion in annual costs
- 15 % geriatric population = 50% of all hospital costs



Hospitalizations







Telemedicine Program Started

- 2012 3yr HRSA Grant (\$150,000/year)
- 20 sites in SD, MN, NE, IA
- Partner with Evangelical Lutheran Good Samaritan Society
- Right Equipment Critical
 - Fixed units vs. mobile carts
 - Stethoscope
 - Handy cam









Telemedicine Program Experience

- 55% of video calls result in avoided transfer
- Education and supported nursing services has the potential to drive the avoided transfer % higher
- Goal is to introduce more geriatrician supported services into the model, that will support local providers in discussions around advance care planning







eLTC Impact To Residents and Family

- Immediate access to urgent care in their "home" no matter the time of day
- Remain in a familiar surrounding with people who they know and who know them

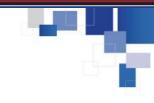


- Course of treatment begins faster
- Provide the families comfort knowing their loved one has that immediate access to care
- Access to specialists in the comfort of their home
 - Families do not have to take time off to drive to appointments









Impact to Providers and Staff

Nursing:

- Immediate access to a provider and extra set of eyes
- Ease burden of paperwork, faxes, phone calls
- Ease the burden of attempting same day clinic visit

Community Provider:

- Provide access to urgent care -nights, weekends, holidays
- Communicate care updates on resident conditions and interventions
- Work in collegial relationship with local Primary Care Provider
- Consistent treatment protocol for urgent care issues of geriatric- compromised- population







Types of Telemedicine Equipment

- Telemedicine Carts
- Video Conferencing
- Exam Cameras
- ENT Digital Otoscopes
- Electronic Stethoscopes
- Dermascopes
- Ophthalmoscopes









North Dakota or Anywhere...

- Timely Access
- Low Cost
- Less Disruption
- Improved Quality
- Appropriate Utilization of Community Emergency Response.

Remember Harold?













Resources

HRSA - Health Resources and Services Administration
Open Grant Opportunities

CMS – Centers for Medicare & Medicaid Services
<u>Medicare-Fee-for-Service-Payment SNF</u>

AHCA - American Health Care Association
<u>Skilled Nursing Facility Value-Based Purchasing Program</u>







Choosing Telemedicine Equipment & Technology

Consider:

- Environment of equipment
- Medical specialties servicing
- Training required of users



Integration with existing IT infrastructure







Types of Telemedicine Equipment & Technology

- Encounter Management Software
- Medical Devices & Equipment
- Telemedicine Systems & Mobile Carts













Thank You for Attending





