Best Practices in Implementing a Telehealth Program

By Krista Kelly, RN and Jill Christians, MBA
Philips Telehealth Solutions

To better address new Medicare regulations and reimbursement cuts, many home health agencies are considering whether to start offering telehealth services as a means of driving improved clinical outcomes and financial performance. This article outlines best practices in setting up a telehealth program, based on over 12 months of experience by Integrity Home Care of Springfield, Missouri by co-author Krista Kelly, who was Assistant Executive Director, Home Health Division for 2 years at Integrity prior to joining Philips in 2008.

Is Telemonitoring for you?

According to the Philips National Study on Home Care Technology and Telehealth, co-sponsored by NAHC and conducted by Fazzi Associates, only 17.1% of U.S. agencies currently use telehealth. However, the study found that this number is expected to double within the next two years.

“What makes this study so important is that it is the first representative sample study on technology and telehealth in home care that has ever been undertaken,” said Val Halamandaris, president and CEO of NAHC. “One finding that is particularly significant is that the utilization of telehealth by home care agencies also correlates directly with providing the highest quality of care.”

First Things First – Establish your agency’s goals for a telemonitoring program

Is your agency looking to reduce hospitalizations and ER visits? Increase your Home Care Compare scores? Reduce skilled nursing visits? Optimize your rehab / therapy program? Help manage case mix adjustments? Strengthen your marketing message to local referral sources, such as physicians and hospitals? Open up new sources of revenue such as private pay? Improve your margin on Medicaid patients? Empower your staff so they can offer greater clinical impact at each visit?

Once your agency has agreed on the overall objectives for the program, it’s time to select a vendor, design and execute an implementation plan, and establish metrics to ensure continuous program improvement, growth and achievement of agency goals.

Choosing a Telemonitoring Vendor – Pick the right partner

For Integrity Home Care, the most important criteria in their vendor selection process were:

• Company reputation
• Long-term stability in the marketplace
• Price and service model (rental vs. purchase)
• Ease of use (e.g. wireless devices and web-based software)
• Use of technology
• Sturdy and ready-to-use equipment

Create and Follow an Implementation Plan

1. Define the Telemonitoring Program

*Define the right patient population for your telehealth services.*
Integrity Home Care selected cardiac and respiratory diagnoses and any patient at increased risk of hospitalization. Think outside the box: would you also target patients with a psychological diagnosis like depression or also include your rehab / therapy patients? Would providing telemonitoring to certain Medicaid patients – even if not reimbursed – help reduce their overall cost to your agency?

*Define policy and procedures for your telemonitoring program, for example:*
• How often the patient will be monitored – once a day, more? Also on weekends?
• The process to report patient problems – what triggers a phone call or home visit? When is the physician contacted?
• Establish out-of-range parameters which drive the alerts and flags – these help define the care plan for each patient.
• Decide which telemonitoring devices / manual measurements to use – e.g. weight scale, blood pressure and SpO2, perhaps ECG rhythm strip on cardiac surgery patients.
• Determine procedures for infection control – cleaning and disinfection methods to use when preparing equipment for another patient.
• The number of telemonitoring units you need to start your program – a good benchmark is 10-20% of your chronic ADC, as defined by your target patient population.

2. Choose the right staffing model

*Define how you want to monitor patients as well as who will do the device installation in the patients’ homes.*

An agency can adopt either a centralized or decentralized monitoring model. In a centralized model, there is generally dedicated clinical staff that monitors all patients on a daily basis from a central location and reports any potential problems to branch offices. In a decentralized model, each clinician monitors his or her own patients, or, each branch office monitors their own patients.

Integrity Home Care uses a centralized model. They have an RN Program Manager for 10 hours a week who monitors hospitalizations, keeps track of utilization reports, analyzes program metrics, approves additional units, and does weekend monitoring of patients. The Telemonitoring Nurse is an LPN who works 20 hours a week on the day-to-
day operations of the telehealth program. She monitors all telehealth patients in all offices, manages inventory control for all offices, and provides weekly reports to the Case Managers as well as physician reports. The Telemonitoring Nurse in the central office and clinical support staff in branch locations are responsible for entering patient data and clean up/redeployment of the units for their location. Installation is handled by skilled nurses and therapy staff during scheduled home visits or by a home health aide.

3. Take the time for clinical training and well-planned program deployment

Work with your telemonitoring vendor to roll out training for the clinical staff and to implement a deployment plan geared toward your agency’s goals for the telehealth program:

- Equipment set up – train all clinicians as well as one home health aide in each branch.
- Basic troubleshooting – educate all of your staff as well as the clinical manager. Create a ‘frequently asked questions’ fact sheet for any staff answering patient phone calls.
- Referral process to identify patients appropriate for telemonitoring – analyze each admission for suitability, such as ICD-9 coding or recent hospitalizations. The admission nurse and director are both accountable for meeting our telemonitoring goals.
- Deployment planning – determine which location is best for initial rollout and schedule a phased rollout for multiple branches.

Integrity Home Care started with their largest agency/home office since it had more patients to select from, then scheduled ‘go-lives’ with our other branches at 3 week intervals. Your agency may consider starting with the most efficient branch first, or alternatively, the location needing the most improvement in clinical outcomes or operational efficiency.

Training and deployment are important to consider during vendor selection – choose a telemonitoring firm with easy-to-use equipment and comprehensive support services that will enable your agency to quickly set up an effective program.

4. Develop strategies for program ‘buy-in’

Achieving buy-in with all stakeholders is critical for the success of your telemonitoring program.

This point was underscored in the Philips National Study – some strategies work better than others. Agencies with successful telehealth programs point to the central importance of having a clinical champion, executive and physician buy-in, nurse receptivity and patient/family acceptance.

At Integrity Home Care, it was critical that the clinical champion ensures Executive buy-in by reporting telehealth metrics tied to agency goals. She holds marketing calls with the Telemonitoring Manager to encourage team involvement and proper communication.
about the program. **Physician** buy-in is achieved through effective messaging about the improvement in clinical outcomes possible with telemonitoring. Two caveats: too much information can distract the physician – ask doctors how much and how often they want information – and once they agree about the benefits of telehealth, they may be looking for other agencies to offer telemonitoring services in your area.

To achieve **Clinician** buy-in, Integrity Home Care found the following steps useful:

- Conduct initial telemonitoring training with all clinical staff – make sure your executive management is on hand to show their buy-in.
- Describe your program goals and involve their input in setting up the program – e.g. encourage your clinicians to brainstorm about what type of patients would benefit from telemonitoring.
- Share any positive stories with the entire staff – this is the quickest way to help clinicians understand how telehealth enables them to provide better care for their patients.
- Provide continued education and assurance that the program is ‘here to stay’ – use your creativity to send out reminders and pep rallies to keep staff excited about the program.

Most importantly, keep on message – be patient and consistent and “communicate, communicate and communicate some more.” Expect that even with doing all the right things, it still may take about 6-7 months to achieve buy-in with your clinical staff.

Patients and their families have proved quite receptive to telehealth technology, and rarely refuse the home monitoring equipment. To encourage **Patient** buy-in, Integrity Home Care provides education about the program and the peripherals, helps with basic troubleshooting, and makes patient satisfaction a key metric for the Telemonitoring Nurse, measured through surveys and questions delivered on the home TeleStation.

**5. Publicize your results and plan for the future**

As of Q3 2008, Integrity Home Care has already seen improvement in clinical outcomes since deploying their telemonitoring program a year ago:

- Hospitalizations have dropped 1 to 3% in each of our branch offices
- Urgent care visits have dropped 2% in our bigger branches
- Visit utilization has decreased 1 visit on average per episode
- All outcome measures have risen approximately 4 to 6 points in all offices

So what’s next for Integrity Home Care? They are exploring other revenue models that may make sense for telemonitoring. Some options under consideration are private pay clients, private insurance contracts, wellness programs in local factories, and rehabilitation/exercise programs. Now that Integrity has figured out how to design and deploy an effective telemonitoring program to meet their agency’s goals with Medicare patients, the agency is looking for additional ways where telehealth can drive better outcomes and add to their patients’ quality of life.
About the Authors

Krista Kelly, RN, is a Program Consultant for Philips Telehealth Solutions. Prior to joining Philips, she was Assistant Executive Director, Home Health Division for Integrity Home Care, based in Springfield Missouri. Krista.Kelly@philips.com

Jill Christians, MBA, is Senior Marketing Services Manager for Philips Home Healthcare Solutions, based in Andover, Massachusetts. jill.christians@philips.com

For more information on Philips Telehealth Solutions, please visit www.philips.com/telehealth or call 866-554-4RPM.