

# Right Home Telehealth System, Right Implementation Improves Care, Reduces Costs

Call it a practice run; call it a false start but Valley Home Care learned a lot about launching a home telehealth program five years ago. Those lessons served VHC well when it switched vendors, altered its clinical approach to telehealth, and initiated a successful second try. The results so far are impressive. Average nursing visits per Medicare episode decreased from 8.7 to 6.5, emergent care utilization dropped from 26% to 17.7% and rehospitalizations plummeted from 30% to 11.8%.

Management is convinced these reductions in cost, coupled with rising Home Health Compare scores, result from combining the right technology – Patient Care Technology’s *well.at.home* telehealth system – with the right clinical policies and procedures. Rather than create a telehealth department, this time VHC introduced home telehealth as “the way we care for patients here.”

As part of New Jersey’s Valley Health System, VHC serves an average census of 1,000 patients. From 2000 to 2002, VHC purchased several video conference-style telemedicine units under a 3-year Robert Wood Johnson grant. Karen Grant, then project director, believes that program’s success was marginal for two specific reasons, limitations inherent to the technology and the agency’s decision to create a separate home telehealth team.

“The video-based system was good,” said Grant. “It eliminated driving so you could dedicate a nurse to it and she could still achieve some efficiency by seeing as many as three patients in an hour. But not every patient was capable of operating the equipment and we could not integrate the data with our clinical documentation system.”

Elaine Davis, Telemedicine Manager, explained that establishing a separate home telehealth team created the impression among the rest of the clinical staff that they and their patients were not part of the move toward technology. “It became ‘that team’s’ project,” she remembers. “We had minimal referrals from other nurses and therapists to the telehealth program.” Grant explained that the video system had provided good outcomes but did not decrease visits because clinicians outside the program maintained their own visit patterns even as the telehealth nurse added video visits. “Patients benefited, we had good outcomes,” she said, “but it wasn’t efficient.”

At the end of the RWJ grant, a decision was made to search for another type of home telehealth technology. “I can’t tell you how many we interviewed,” Grant said, “but we kept coming back to our own back office vendor, PtCT, and their *well.at.home* telehealth product.

We were excited about the idea of integrating patient data gathered by home monitors with our patient records.” She emphasized that her reasons for recommending *well.at.home* today extend far beyond data integration. “There are things it can do now that far exceed what the other products do,” she beamed.

Those features, Grant and Davis enumerated, start with a customized daily patient interview that provides reinforcement and education as it chooses each new question based on the patient’s previous answers. Updated physician instructions can be added to the daily interview. Clinicians can view patient results from a mobile computer. Physicians can tell whether a patient understands disease processes and medications, what their purpose is and how to take them, what side-effects to expect. They can see what the patient does not understand and adjust a care plan to reinforce teaching of certain points. “Other home telehealth systems only show numbers,” Davis added, “not patient questions and answers.”

System features may be nice, Davis emphasized, but it is outcomes that give meaning to features. “I am seeing cardiac patients in their 80’s becoming engaged in their plan of care,” she began, “and beginning to see the relationship between their numbers and their diet, medications and the way they take care of themselves. When they see results, they start to understand correlations and become involved in what they need to do for themselves. Patient satisfaction surveys consistently show VHC’S *well.at.home* users scoring about 95%, almost five points higher than the agency average.

VHC’s new approach has transformed clinician attitudes as well. The second time around, home telehealth was introduced as the standard way in which this agency cares for cardiac patients, with other diagnoses to come. All clinicians are trained on *well.at.home*’s operation and appropriate uses, including new hires and student interns during their orientation.

“It has become a part of our normal nursing plan,” Grant remarked. “There is no comparison with our first attempt. They see home telehealth now as an agency program, one more tool to use, not a segmented, departmental effort.” Davis reports receiving more and more referrals from nurses who were not involved, or interested in, the first telehealth program. “They approach me and present a case to see whether I think *well.at.home* would be appropriate,” she said. “We are getting referrals from nurses straight out of orientation.”