

About Home Telehealth: Inroads Made to Date in Service Delivery

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Home telehealthcare is one of the most rapidly developing service frontiers in healthcare delivery today. Among its most sought after features: a range of telemonitoring devices and services helping to keep patients relatively well and reducing use of costly emergent and acute care services. By regularly tracking co-morbid patients at home, telehealth systems can signal nurses for scheduling timely, targeted interventions to patients, as needed.

What does “timely, targeted interventions” mean in the real world of typically elderly and relatively frail co-morbid patients in home healthcare today? A short session by videophone connecting nurse and a patient living with diabetes for reviewing the patient's daily transmitted blood glucose readings; and the patient's receiving directives and encouragement about glucose control. (Sometimes, simply: “Why not take a short walk around your apartment building after lunch today?”) Or it could be a phone call between nurse and a congestive heart failure (CHF) patient who has just transmitted a weight reading from an automated scale indicating a 2-pound weight gain. This is an opportunity for the nurse to counsel the patient on reducing sodium (For one thing: “Skip the Chinese food this week!”) and phone the patient's doctor to order a diuretic.

Telehealth systems' use are among the few solutions on the table today for home health nurses to provide targeted care. Its value is inestimable, in these days of nursing shortages, and increasing numbers of elderly patients needing home care services. Gone (or very soon to be gone) are the days when home healthcare operated in business-as-usual mode, with several in-person skilled nursing visits per week over patients' admission periods. Now, more continuous care (or at least continuous monitoring and tracking) is possible for the first time—a must for making timely interventions. Telehealth technology helps home care nurses and practice the buzz-term of healthcare in the 21st century: “proactive care.”

The time is right for embracing improved business models in which telehealth can play a part in the home healthcare industry. It wasn't always that way. In earlier days, marketing pitches for home telehealth systems included potential for reduced in-person visits like we hear today. However, under Fee For Service, that pitch fell flat. Providing the in-person service was billable and paid for. Why change?

Similarly, by the year 2000, under the new Prospective Payment System (PPS) for Home Care, the telehealth field was still too young and the home care industry had only begun grappling with issues of capitation, accountability, and making the most of fixed fees per admission. It was too early into PPS to look at home telehealth as a *must-have* service. Must have because...??

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Give it 5 years, and by then telehealth was perceived as one way to meet the industry-wide challenge posed by CMS in 2006-7, in its Home Health Quality Improvement (HHQI) National Campaign to reduce acute care hospitalizations (ACHs). Scores of home healthcare organizations who invested in the telehealth systems, targeted more needy chronic disease patients, and made as-needed, timely interventions to improve or at least maintain patient health outcomes. This very pointed focus under PPS on patient health outcomes has probably more than any other factor affected the home health industry's acceptance of home telehealthcare. With telehealth and the increased opportunity for communications that it affords, home healthcare professionals can assess patients' status more regularly, and change and reiterate parts of their patients' care plan routines, as frequently as is needed to keep their patients on track. There are fewer in-person visits, but not “less” care.

This focus on telehealth during 2006-2007 was good for the more needy, chronic disease home healthcare patients; and great for the agencies, whose efforts to reduce or avoid ACHs actually became public knowledge. Results were published nationally in that year's Homecare Compare database—the CMS tracking tool that ranks home healthcare agencies' performance.

Telehealth Use in Future—what's next? Industry experts advise expecting and preparing for changes in service delivery, as a result of passage of CMS's Payment for Performance (P4P) legislation for home healthcare, poised to be implemented by the year 2009. Under P4P, home health agencies (HHAs) will be judged by improved quality of a more standardized and efficient regime of care delivery. Telehealth devices that can assist in routinely providing measured, targeted services will continue to play an important role, and enable HHAs to compete among outstanding home healthcare industry performers who provide care effectively and efficiently.

But it will also be time to reduce the home healthcare industry's isolation from the rest of the healthcare industry. Initiating partnerships with hospitals will be the first step. As with most changes in the home healthcare industry, this change will be driven by new legislation that demands providers to make changes in service delivery and billing expectations. In this case, through both the PPS 2008 Refinement for Home Care, and the earlier PPS Refinement for Hospitals, CMS is focusing on more extensive data collection of patients who are living with complex chronic diseases. Industry analysts note that these 2 entities—home health care and hospitals—are actually moving along the same track and this will lead to “global payments” across the healthcare delivery system, as well as alignment of providers into partnership for shared incentives.

Incidence of HHAs working “with” hospital are now scattered and few, but expectations should be high to see more interest expressed by hospitals to defer to HHAs' expertise when working with patients discharged from hospitals to home. A new CMS requirement demands hospitals to track “mortality measures” for CHF, acute myocardial infarction, and pneumonia patients for 30 days after patients' hospital discharge. Deaths that occur within this 30 days are to be reported in the hospitals' outcome measures— a

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step no doubt providing an excellent incentive for hospitals to partner with HHAs. Hospitals may also very possibly to promote HHAs' use of telehealth for CHF patient care— a long proven telehealth application— that many HHAs have now adopted and mastered. Its use in the longer term continuum of care of patients is the next likely step for home telehealth.