HOME CARE 100®

LEADERSHIP CONFERENCE

In Cooperation With

HRS Health Recovery Solutions

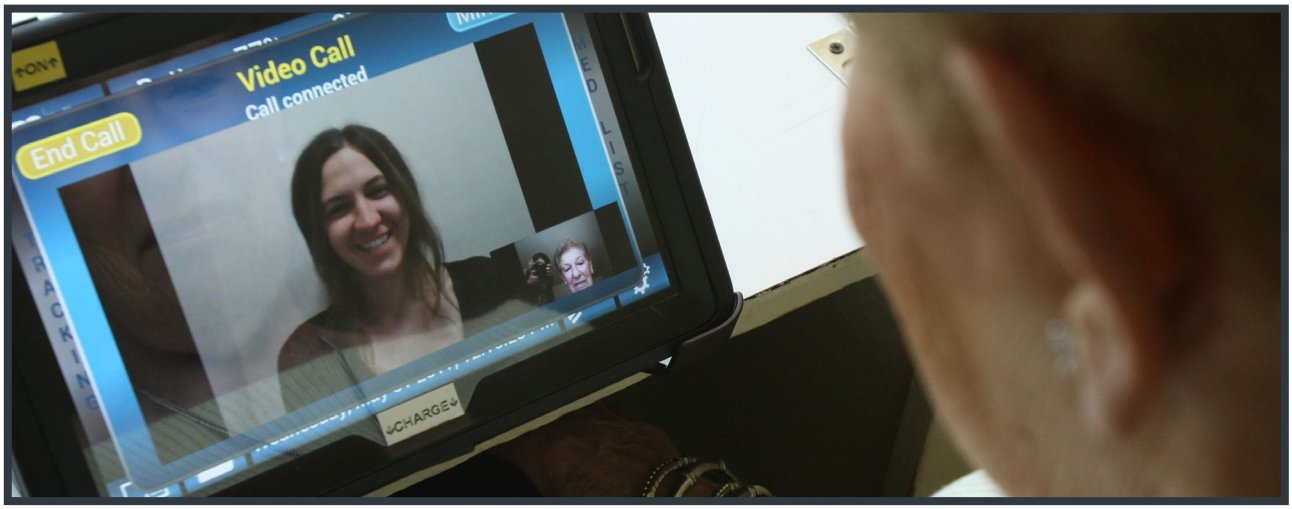
Thought Leadership Series, 2019

A CASE STUDY FOR SUSTAINING TELEHEALTH IN THE HOME HEALTH INDUSTRY

MaineHealth Care at Home (MHCAH) is an early adopter of telehealth with more than seventeen years' experience with integrating technology in the delivery of home health care. For MHCAH, the state's demographic profile served as the initial catalyst to incorporate telehealth as a method to expand access to care across a large and predominantly rural service region that held the largest elderly population in any one region of Maine.

According to the US Census, Maine has the oldest population in the country, with a median age of 43 compared to 37 for the United States.[1] In Maine, healthcare challenges are compounded by adverse trends in chronic disease, a predominantly rural landscape, and significant levels of poverty. America's Health Rankings' 2017 annual report found that cardiovascular deaths in the state of Maine increased from 215.4/100,000 to 227.4/100,000 over three years, from 2014 to 2017. Maine also is amongst the poorest states in the country. Maine seniors, ages 85 and older, have poverty rates 50 percent higher than younger Maine seniors.[2]

In 2001, MHCAH (formerly HomeHealth Visiting Nurses) launched southern Maine's first telehealth demonstration project with grant support from Rural Utilities Services-USDA. This project introduced interactive video monitoring units, augmented with traditional home health services, to patients diagnosed with advanced congestive heart failure in remote areas of Maine. Early results showed reductions in costly hospital re-admissions and high patient satisfaction rates; however, "buy-in" from clinician staff and the physician community presented challenges. To improve engagement, the agency launched an outreach campaign to the medical community and migrated to a new platform that offered a simplified installation process, patient-friendly color touch monitors, and portals for the exchange of information with healthcare providers.



From 2007 through 2014, MHCAH sustained its telehealth efforts with grants from federal and local foundations. During this period, telehealth patients experienced significantly lower rates of hospitalization, lower rates of emergent care, and improved ability to manage their chronic conditions when compared to home health patients who did not receive telehealth. MHCAH also collaborated in a pilot project with MaineHealth, a not-for-profit health system in Maine, on a Home Diuretic Protocol for Heart Failure. Pilot findings showed lower hospital re-admission rates from 20.5% to 10%.[3] Telehealth technology was central to the success of this program as it provided caregivers the ability to assess evidence of volume overload and unstable vital signs at the earliest juncture. This project also marked a milestone for solidifying a telehealth partnership between the agency and affiliated healthcare providers that mandated the provision of telehealth in its protocol.

In 2015, the agency transitioned to Health Recovery Solutions (HRS), a platform utilizing an android tablet with 4G internet, wireless monitoring devices, self-assessment features, medication compliance modules, disease-specific educational video clips, and the ability for patients to quickly connect via voice or video to monitoring nurses. To further advance its work on provider coordination and communication, MHCAH finalized an HL7 integration with EPIC—MaineHealth's shared electronic medical record—for the transmission of demographics and biometrics. In its first year with its vendor, MHCAH realized a 75% reduction in overall 30-day hospital readmissions. With this success, MHCAH expanded its telehealth efforts and enrolled 725 patients and cited 30-day hospital admissions in the range of .07% – 5% per quarter when compared to non-telehealth patients with 17% re-admission rates. In this cohort, the average daily adherence for patients taking biometric readings was 85%. Patient satisfaction scores were in ranges of 3.35 – 4.0 (four highest) for responses related to ease of use, willingness to recommend and how telehealth is helping manage disease.

REIMBURSEMENT CHALLENGES AND OPPORTUNITIES FOR THE HOME HEALTH INDUSTRY

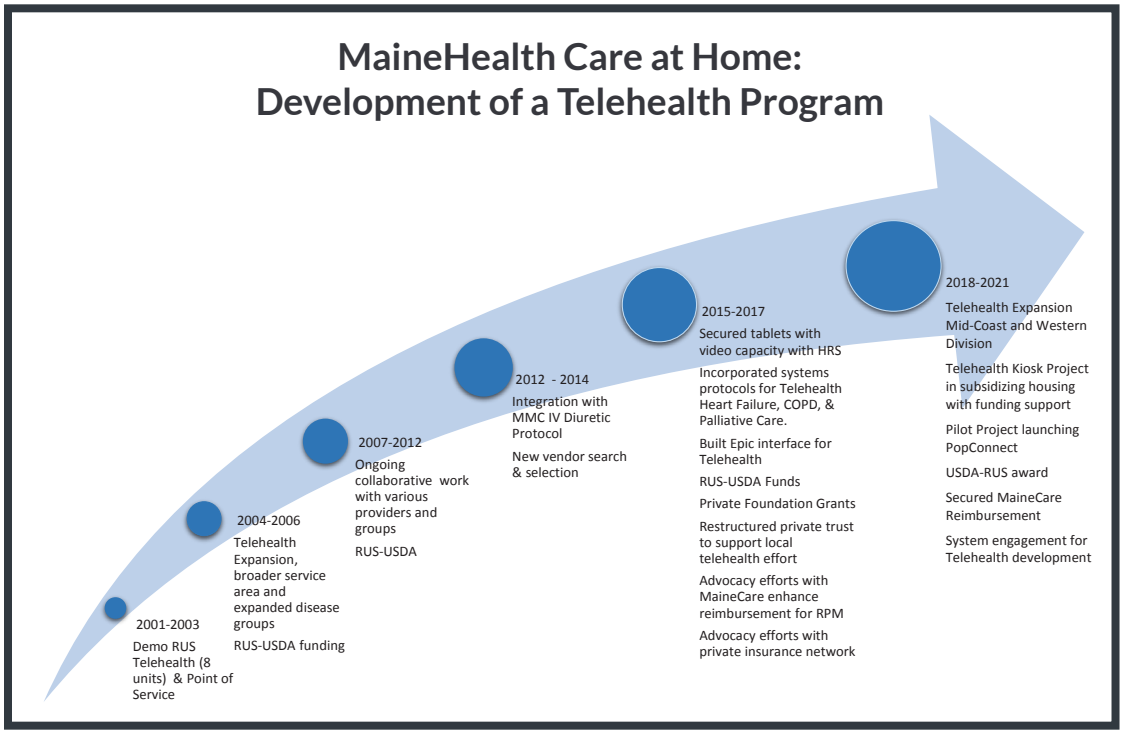
Despite the success and the opportunities for advancing telehealth, the limitation in reimbursement is a significant barrier for the home health industry. Among government payers, Medicare is the most restrictive and offers limited coverage for telehealth in the home health environment.

Proposed changes for 2019 indicate that the CMS landscape is changing as it seeks to amend the regulations at 42 CFR 409.46 to allow home health agencies to augment the care planning process with RPM and report these associated costs as part of operating expenses in the cost report. In reviewing reimbursement under Medicaid, the definition of telehealth and its coverage varies widely across the United States.

In 2017, the American Telemedicine Association released an updated analysis of state-to-state coverage and reimbursement for telehealth services. States were assigned a letter grade, “A” through “F”, for performance in meeting thirteen standards that included parity laws, telehealth coverage in employee health plans, reimbursement, eligible technologies, informed consent requirements, and eligible providers. Maine is included in the 11 states that were given an “A” grade for Medicaid coverage. In surveying the commercial market, 32 states have some sort of parity law requiring private insurers to cover telehealth services at reimbursement levels comparable to in-person services.[4] Although we are recognizing advances in the commercial market, the coverage provisions generally do not apply to home health agencies.

MHCAH'S CURRENT MODEL OF SUSTAINABILITY

In light of the limitations in reimbursement, MHCAH has sustained its telehealth services primarily through grants and private donations. The following graph describes the course of funding and development of the telehealth program:

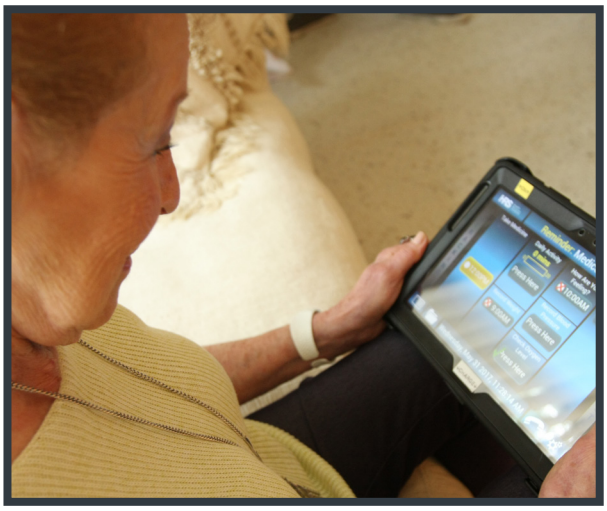


While the trajectory seems to indicate a smooth, gradual increase in funding that correlates to development and expansion of MHCAH's telehealth services; that is not the case. USDA-RUS grants— primary funding source for program—is a competitive process that requires frequent proposals that evaluate and score on measures related to need, rurality and poverty. Although low-income, rural populations benefit greatly from telehealth technology, RUS-USDA funds are not leveraged for those in non-rural areas who may present significant barriers to accessing healthcare. Securing grant funds required ongoing investment of resources that, at times, competed with other agency priorities. In addition, MHCAH experienced several years without new grant funds that diminished its scope and decreased the number of patients served through telehealth. What can be concluded is that organizations are likely to encounter obstacles when relying on granting foundations or government entities to maintain a successful telehealth program.

ADVOCACY

MHCAH believes that organizations need to engage a clinical team who is committed to expanding their role and developing their skills for optimal delivery of telehealth services. Equally important are advocacy efforts from senior leaders who can champion the value and benefits of telehealth to local, state, and national stakeholders. At a minimum, organizations who are leveraging the tools of telehealth should be active members of their state and national trade organizations.

Donna DeBlois, Chief Executive Officer for MHCAH, is the President of the Homecare and Hospice Alliance of Maine and actively participated in advocacy efforts with the Department of Health and Human Services to modify regulatory language allowing home health agencies to submit claims for remote monitoring. On a national level, she has advocated for the Fostering Independence through Technology bill sponsored by Senator John Thune from South Dakota. We advise agencies to take advantage of the wealth of resources offered by organizations such as American Telehealth Association and National Consortium of Telehealth Resource Centers.



PARTNERSHIPS AND COLLABORATIONS

In June 2016, MHCAH collaborated with Avesta Housing and the Caleb Group—two housing organizations in southern Maine—in a partnership to improve the health and well-being of their elderly and disabled residents. An incentive program through Maine State Housing offers tax credits for housing projects that build the infrastructure and space for a telehealth office.

This partnership launched *Connected Care Clinics* offering on-site, pre-scheduled video visits with a nurse to conduct multi-dimensional individual health/risk assessments to ascertain health challenges, goals, needs, and deficits including psychosocial/behavioral health concerns. Nurses offer biometric screening, support implementation of current prescribed therapies and education, identify and support residents in reaching their self-management goals, educate on the use of telehealth, and provide education and coordination with community referral services.

This project incorporates a telehealth kiosk that allows patients to monitor and transmit biometric data and voice/video chat with remote nurses at MHCAH seven days a week. The telehealth kiosk utilizes the HRS monitoring platform located in a common area to ensure access with attention to protecting the user's privacy. The primary goal is to assist vulnerable seniors and disabled people with multiple chronic conditions and to improve their self-management skills and health status through access to on-site nursing and telehealth services. Services are negotiated and reimbursed through contractual agreement.

CONSIDERATIONS FOR SUSTAINABILITY

Central to success in this environment, home health agencies are advised to align with affiliated healthcare providers in addressing the federal regulatory limitations for telehealth reimbursement, seek telehealth platforms that are flexible and scalable, advocate with state and industry leaders to champion provisions for telehealth reimbursement in the private insurance market, aggressively pursue federal, state, and private grant opportunities, develop fee-for-service initiatives with community providers, articulate the value proposition to its affiliated health system, and creatively engage a more diverse profile of patients to gain the benefits and access to health inherent with telehealth.

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[1] U.S. Census Bureau

[2] Maine's State Plan on Aging, 2016-2020, Aging and Disability Services, Department of Health & Human Services. (April 2016)

[3] Home Diuretic Protocol for Heart Failure: Partnering with Home Health to Improve Outcomes and Reduce Readmissions, Permanente Journal/Summer 2014/Volume 18 No. 3

[4] Maine Telemedicine Reimbursement Guide. Northeast Telehealth Resource Center. Updated August 2015. Accessed July 2018

ABOUT HEALTH RECOVERY SOLUTIONS (HRS)

Health Recovery Solutions supplies home health agencies with remote monitoring to change patient behavior, reduce readmissions, and improve clinical outcomes. The HRS disease-specific software is customized with educational videos, care plans, and medication reminders, while integrated with Bluetooth peripherals, video calling, and wound imaging for high risk monitoring.

ABOUT HOME CARE 100

Home Care 100 is the preeminent conference exclusively for home care and hospice providers. We envision the best in leadership, strategy and innovation and help providers accelerate change towards a value-based system.

The 2019 conference takes place January 27-30 at the Fairmont Scottsdale Princess, AZ. Visit homecare100.com for details.

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