Home Health Remote Patient Monitoring (RPM)

CommonSpirit Health at Home

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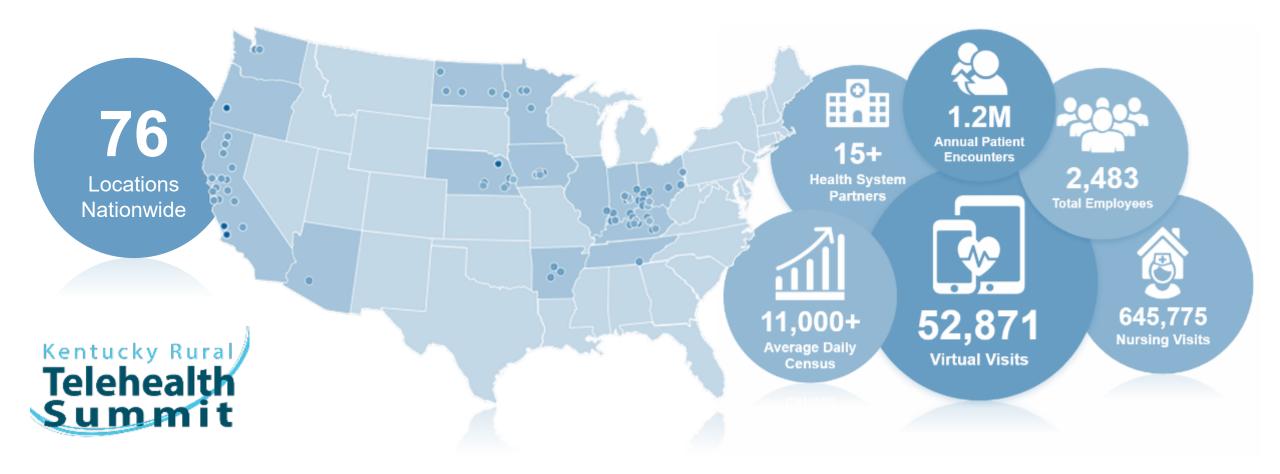Telehealth
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Objectives

- Learn how Home Health RPM can enhance collaboration with providers to improve outcomes for patients

- Discover the benefits and barriers to starting a Home Health RPM program

- Discuss special Home Health RPM consideration for the rural population

- Look at specific Home Health RPM data overall and compared to our rural population

- Imagine the future of Home Health RPM

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Who We Are

CommonSpirit Health at Home is a full service health care organization that believes the best place for someone to get better, and faster, is in their own home. Our commitment is to provide the best quality and comprehensive home health care to the communities we serve by offering unique services dedicated to meeting the total needs of our patients.

76
Locations Nationwide

15+
Health System Partners

1.2M
Annual Patient Encounters

2,483
Total Employees

11,000+
Average Daily Census

52,871
Virtual Visits

645,775
Nursing Visits

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The "Why"

What is
Home Health?
Why use RPM?

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"Luck is what happens when preparation meets opportunity."

— **Seneca**

A look at the technology

PatientConnect
MOBILE

- Enables patients to track their vital signs and symptoms on their smartphone or tablet with the PatientConnect App.

- Facilitates communication between the patient, clinician, and caregiver to prevent symptoms from exacerbating.

- Utilizing the PatientConnect app, patients can receive medication alerts, virtual visits, disease specific educational videos, and more.
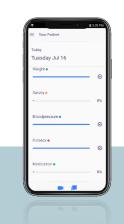
PatientConnect
CORE

- Offers the same benefits as PatientConnect mobile, but on an agency-provided tablet.

- Patients track their vital signs and complete symptom surveys.

- Streamlines communication between patients, clinician, and caregiver to prevent symptom exacerbation.

- Disease specific education videos, virtual visits, medication alerts, and more via the tablet.

ClinicianConnect

Monitor patients from anywhere with ClinicianConnect access from your desktop and mobile devices.

CaregiverConnect

Incorporate caregivers into the care continuum with patient tracking and communication tools.

USDA Grant

Counties: Clark, Laurel, Madison, Nelson, Pulaski, Taylor
Branches: VNA London, Lexington, Campbellsville, Bardstown
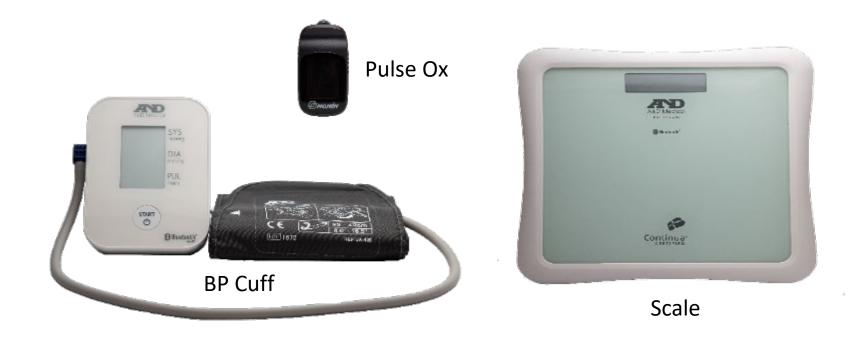**Diagnoses:** Heart, Lung, Infectious Disease, Neuro, Diabetes, COVID

Pulse Ox

BP Cuff

Scale
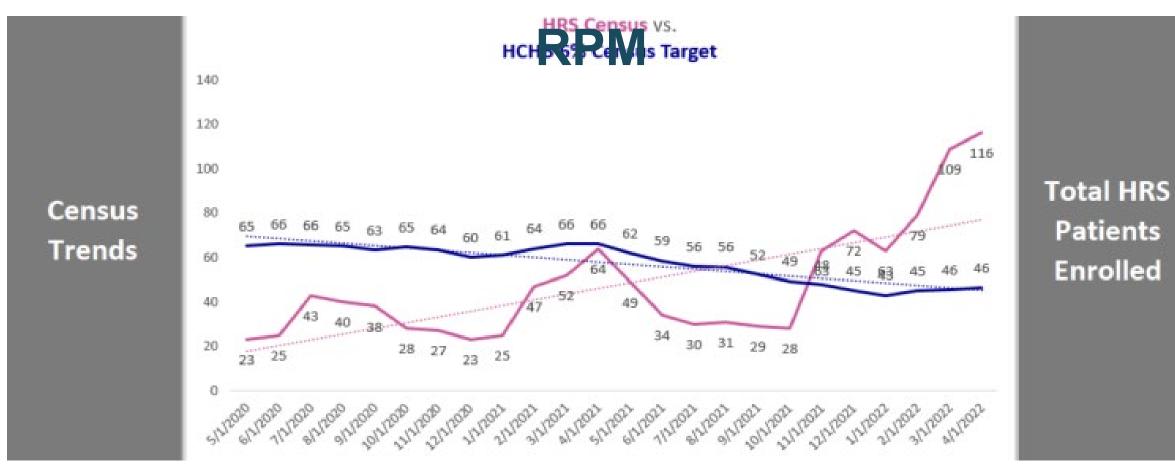
Rural Telehealth Grant Gives Insight to Rural Home Health Population

- Visual and dexterity deficits in the older population now served with Bluetooth technology and time to learn long term peripheral use

- Some pockets in rural KY resistant to daily smartphone use

- Rural population willing to learn the technology if it is easy to access, navigate and understand

- Telehealth nurse relationship is pivotal for success

- Some areas lack cell coverage

- Bluetooth technology pros and cons

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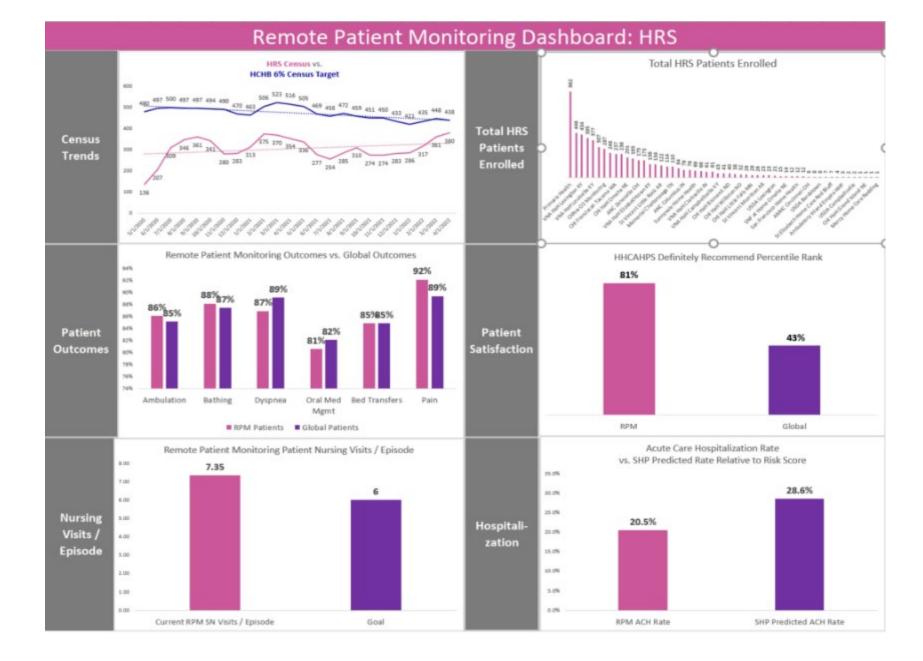
Benefit of the USDA Grant in Expanding RPM

RPM Outcome Data

Challenges of Technology in a Large Health System

- Interoperability

- Multiple solutions

- Multiple EMR's

- Multiple decision makers

- Reimbursement challenges

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Care in Home Model in a Post Pandemic World

BRIEF OVERVIEW

Envision **a multi-faceted vision for "Care in Home",** with the key goal of adopting and strengthening capabilities that:

- Allows us to seamlessly **manage, coordinate and provide care outside the four walls of the hospitals**
- Expands access to **new models of care where patients prefer to receive it** – in the comfort and safety of their own home
- Maximizes the role of home-based services across the continuum of care from **wellness and prevention to rehabilitation and through end of life needs.**
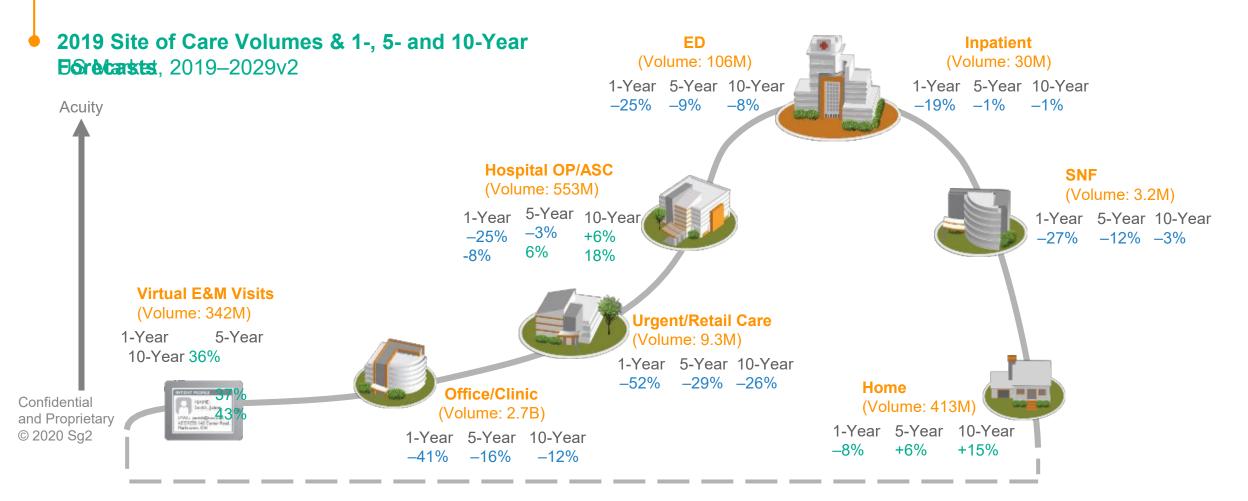
WHY NOW?

- Consumer **preferences** are changed forever and
- Virtual visits and **Remote Patient Monitoring** will increase as:
  - Society will not rebound quickly
  - Acute centers are leveraged for the sickest of patients
  - Patients /families seek alternatives to "four walled" care centers (SNF's, IRF's, Infusion, Hospice)
- Specialties such as **Cardiology, Pulmonary and Diabetes** are **expected to increasingly leverage remote capabilities** for ongoing patient monitoring
- Temporary **relaxation in regulation** made it feasible to widen the scope

"Re-imagining home as an extension of healthcare delivery, community, and public health networks."

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Sg2's COVID-19-Impacted System of Care: Projected Volumes and Site of Care Shifts Over the Decade

2019 Site of Care Volumes & 1-, 5- and 10-Year Forecasts
US Markets, 2019–2029v2

Acuity

ED
(Volume: 106M)

1-Year	5-Year	10-Year
−25%	−9%	−8%

Inpatient
(Volume: 30M)

1-Year	5-Year	10-Year
−19%	−1%	−1%

Hospital OP/ASC
(Volume: 553M)

1-Year	5-Year	10-Year
−25%	−3%	+6%
-8%	6%	18%

SNF
(Volume: 3.2M)

1-Year	5-Year	10-Year
−27%	−12%	−3%

Virtual E&M Visits
(Volume: 342M)

1-Year	5-Year
10-Year 36%	
37%	
43%	

Urgent/Retail Care
(Volume: 9.3M)

1-Year	5-Year	10-Year
−52%	−29%	−26%

Office/Clinic
(Volume: 2.7B)

1-Year	5-Year	10-Year
−41%	−16%	−12%

Home
(Volume: 413M)

1-Year	5-Year	10-Year
−8%	+6%	+15%

Note: Analysis excludes 0–17 age group. ASC = ambulatory surgery center; E&M = evaluation and management; SNF = skilled nursing facility. Sources: Impact of Change®, 2020; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2016. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2020; Sg2 Analysis, 2020.

Future of Technology In Home Health

- Technology offerings easy to access, easy to navigate, and easy to understand for our patients, families, caregivers and providers to stay connected

- Increase adoption of technology-enabled solutions as core components of care in the home

- Advancement of acute care in the home solutions

- Value based payment arrangements

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