

# Telemonitoring helps Atlanta agency maintain 60-day ACH rate

The telemonitoring program at Atlanta's Visiting Nurse home health agency is proving to be an effective tool in managing high risk patients.

The agency, which is the largest nonprofit provider of home health services in north Georgia, launched its telemonitoring program in 2007 with 25 units for patients with heart failure and diabetes.

After two years, the results persuaded the agency to add 25 more units for frequently hospitalized patients, according to Director of Clinical Development Andrea Stevenson.

"We visit approximately 15,000 home health patients in 26 counties each year, so the program's impact has been on improving the quality of life for our sickest patient population while preventing avoidable hospitalizations," said Stevenson.

In fact, she said the agency is considering adding another 25 to 50 units, and is investigating wireless technology to accommodate patients who no longer have a landline phone.

"Our 60-day acute care hospitalization rate is 25 percent and has been pretty stable for the past two years," said Stevenson, even as the patient population increased.

Telemonitoring is not a Medicare-reimbursed service, so the home health agency secured grants to purchase the units, said Stevenson. To expand the program, the home health agency must find ways to make the technology pay for itself.

With that in mind, in 2009 the agency rolled out a heart failure disease management program geared to hospitals and insurance companies. The telemonitors are a key component of the program, which will eventually branch out to include diabetes and chronic obstructive pulmonary disease, among others, she said.

"We looked at three monitors, and the one we selected provides patient education along with monitoring capabilities," said Stevenson. For example, it can ask patients with diabetes if they checked their blood sugar that morning. If the answer is no, the program explains why they should.

"It lets us assess the patient's level of understanding and adherence. If the patient answers a question incorrectly, it is flagged in the system, alerting the telemonitor coordinator to reinforce the lesson."

Stevenson said it's important to find the right person to serve as the telemonitor coordinator, something the agency has in Angela Riggins.

"The coordinator has to be able to sell the program and be its champion. The coordinator has to understand how the program can help physicians and the patient to better manage the disease. You need a strong communicator," she said.

High Risk Clinical Manager Andrea Ragin said telemonitoring has prevented many patients from going to the emergency department, but some doctors were reluctant to embrace the technology. However, once they saw the benefits for themselves, they began to refer other patients.

To demonstrate the telemonitor's advantages, the home health agency provides physicians with a weekly report showing the patient's daily readings.

“The physician can see what’s going on with the patient in the home over time instead of just a snapshot in their office, or the emergency department, or the hospital,” said Ragin.

As for patients, they don’t need much convincing. One patient went to the emergency department or the hospital at least once a month until she received a telemonitor. Now when she’s worried about her condition, she calls Riggins, the telemonitor coordinator, who monitors her vital signs.

“For patients, the daily interaction with the coordinator offers reassurance and peace of mind,” said Ragin.