Preventing Avoidable Re-Hospitalizations:  
Where Do You Fit in the Quality Care Puzzle?

Telemedicine in Nursing Facilities  
Getting the Physician to the Bedside

Great Change is Happening

• Sicker patients
• Lower reimbursement
• Staff turnover
• Smaller pool of patients (hospital census is down)
• Keeping our beds filled
• Must be “in Network”
• Increased regulatory oversight and compliance pressure
• Families and patients have increased expectations

Metamorphosis

• Nursing Facilities must evolve from a Nursing - Social Model to a Medical - Nursing - Social - Model (a Med - Surg Unit)

The Economic Challenge

Provide Hospital-Level Care at 25% of the Reimbursement Rate

• Revenue Challenge
  – Hospital Med-Surg Pneumonia patient: Average reimbursement $2,000/ day
  – SNF Med-Surg Pneumonia patient: Medicare Average reimbursement $500/day
• Clinical Challenge
  – Hospital 30-day Readmission Rate is 20%
  – SNF 30-day RTH rate needs to be <10%
  – Current RTH from Nursing Home to Hospital 18.5%
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SNF Clinical Foundation / Challenge

- The Foundation of Care in Nursing Facilities
  - Licensed Practical Nurses (LPN) – who are taught very minimal physical assessment skills in training – it’s a 12 to 24-month curriculum
  - Certified Nursing Assistants (CNA) – who provide basic care to patients/residents - a 2 week training course
  - Nursing and CNA turnover rates are high; over 50% of RNs, 36% of LPNs and 52% of CNAs leave their jobs every year;
  - Leadership in nursing facilities is often transient. The administrator turnover rate is 19% and Director of Nursing turn over rate is 26% annually


Physicians in the Nursing Facility

- Physicians often consider Nursing Facility work as an "add on"
- Doctors often make rounds only once a month
- Most care is given over the phone
- If care is complex, patient sent to hospital
- Physicians have no incentives to provide advanced care on site
- Medical Directors have a limited leadership/decision making role in most facilities

What is the foundation of care delivery in nursing facilities?

1. CNAs
2. Physicians
3. LPNs
4. All of the above

Our Clinical Practice

- Doctors dedicated to caring for people after hours
  - This is all they do. They are paid to be present for the patient
- Geriatricians, Internists, Family Practitioners
  - Licensed in the state, malpractice provided
- Provide 113 hours of coverage/week (nights, weekends, holidays)
- Each facility has a group of 4 or 5 physicians. Each physician is on for one week per month
  - providing consistency of care
  - develop relationship and trust with nurses.

The TripleCare

Teledicine Solution

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The Magic

Old Time Bedside Care

- Getting Great Doctors Engaged
- Making care simple
- Being seen as a partner and friend to the nurse
- Getting the history, doing an exam (with the nurse), treating and follow up
- Talking to the family
- Signing out to the attending
- Calling the ED when transfer is required
How Our Service Works

1. A house, hospital or a clinic service to seniors, care TripleCare.
2. TripleCare has a doctor device and may enter be called at a clinical setting.
3. TripleCare provides a medical cart and integrates a decision to the patient’s treatment.
4. Two button operation – no keyboard/computer/ IT work for clinical staff.
5. 6-8 hour battery life (no room plug required)

TripleCare’s Telemedicine Unit
- Video camera, monitor, and speakers mounted on a traditional medical cart
- 18x zoom camera
- Digital stethoscope
- Two button operation – no keyboard/computer/ IT work for clinical staff
- 6-8 hour battery life (no room plug required)

Common TripleCare Patient Episodes
- Chief complaints
  - Shortness of breath
  - Fever
  - Change in mental status
  - GI symptoms
  - Chest pain
  - Falls with injuries
  - Behavior Changes
- Common diagnoses
  - CHF
  - Pneumonia
  - COPD
  - Hypervolemic/hypotension
  - Urosepsis

The Nurses
- Cons
  - Usually fearful of technology
  - Hesitant to take care of sick patients
  - Think it takes more time
  - Concerned about new doctors (will I look stupid?)
- Pros
  - Technology easy – two buttons, not "computer"
  - Nurse not alone with sick patient (sense of isolation disappears)
  - Clinical Skills markedly improve (confidence grows)
  - Friendly supportive physicians

The Attendings Physicians
- Cons
  - Concerned about Billing
  - Concerned about Malpractice
  - Concerned about control of care
- Pros
  - No billing done
  - Group has its own Malpractice insurance, rated low risk because of communication and documentation
  - Attending is called after visit and retains control
  - Attending sleeps
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Patients and Families

- Love the attention, flattered that the physician is there to see them
- Families reassured that physician is present
- Prevents family-driven hospitalizations
- View the after-hour physician as an extension of the attending
- Discuss advance care directives when appropriate

The TripleCare Experience

- Our physicians treat on site 81% of the time
- Marked improvement in nurse clinical proficiency and job satisfaction
- High patient and family satisfaction
- Customers see ~10% increase in census after implementing TripleCare

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Patients Hospitalized - eSNF Client

- 240 bed facility with 80 SNF beds
- Complicated patient population in low socioeconomic area
- Facility has a full time MD and NP
- Highly managed population – 16 day LOS

Readmission Rate - TripleCare Client

- Same client’s 30-day readmission rate
- Decreased readmissions from 20% to ~12% per month

Monthly RTH Rates, Five NJ Facilities

- 83% of the months less than 15% RTH
- 40% of the months less than 10% RTH

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2015 NJLTCCLC – 17th Annual Conference
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What is the current 30 day RTH (Return To Hospital) rate?
1. 50%
2. 5%
3. 18.5%
4. 23%

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The TripleCare Experience
TripleCare's services were implemented in a 10-facility chain in IL

Telemedicine and SNF hospitalizations
• Grabowski and O’Malley’s study published in 2014 supports use of telemedicine to reduce hospitalizations of nursing home residents
• Revealed an 11.3% decline in hospitalization rates per 1000 resident days in the 4 more-engaged facilities (3.29 to 2.92) and a 5.2% decline in the 2 lesser-engaged facilities (4.04 to 3.83).
• Recommend use of telemedicine if innovative payment models increase

Grabowski, D. C. & O’Malley, A. J. (2014) Use of telemedicine can reduce hospitalizations of nursing home residents and generate savings for Medicare. Health Affairs 33, 244-250.

Statements of Support
• “Telemedicine implementation has dramatically cut down on overall rehospitalizations at BVNH”
• “Having 24 hour access to physicians for our residents has decreased off-hour rehospitalizations from 3 out of 5 physician phone calls on off hours resulting in rehospitalizations to 1 out of 5 off hour physician phone calls resulting in rehospitalizations”
• Our off-hour use of telemedicine has fewer rehospitalizations than our regular hour physicians.
• Regular hour physicians 7am to 6pm have three time more rehospitalizations than the off hour telemedicine.
  – Richard Sweet, Administrator of Quality Control/Corporate Compliance Officer

Why does having a physician at the bedside make a difference in treating people in place?
1. Physician able to see and examine patient
2. Physician supports and provides training for the nurse
3. Physician provides confidence for both the patient and their family
4. All of the above
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Thank You

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