

# F OCUS

Volume 3, No. 3 ♦ Summer 2006



Community Health Care  
Services Foundation, Inc.

*The premier educational resource for home and community-based care*

## Looking for a grant or need help in putting a grant proposal together?

Visit [www.chcforum.org](http://www.chcforum.org) and click on "Grants & Demonstrations." HCP Members can get even more help at [www.nyshcp.org](http://www.nyshcp.org) in the "Members Only" section.

# Considering home telehealth? *Here's what some have learned*

**G**ood news! Home telehealth is gaining momentum at both the State and Federal level. Earlier this year, the New York State Department of Health (DOH) issued a Request for Grant Applications (RGA) for telehealth demonstration projects. In June, the Health Resources and Services Administration (HRSA) Office for Advancement of Telehealth (OAT), a Federal agency, issued guidance for telehomecare network grants. Most recently, a number of bills have been introduced that center on home telehealth and a proposal to fund a home telehealth study was submitted to Congress by the National Association for Home Care & Hospice (NAHC).

CHC continues its efforts to promote home telehealth. It is also collecting information on home telehealth projects taking place in New York as well as investigating new ways to evaluate telehealth's efficacy. This summer, CHC will complete work on a Federal grant awarded through the support of Congressman John E. Sweeney. The purpose of the grant was to determine whether telehealth: improves



access to care for patients in New York's 20th Congressional District; leads to better utilization of scarce home care personnel; enhances overall patient satisfaction and quality of life for patients with Congestive Heart Failure (CHF); and presents an economic benefit to the health care system.

For this article, CHC interviewed home care representatives who are participating in this grant to identify their experiences with telehealth:

**Gail Moore, RN, MS**, Nurse Specialist, Visiting Nurses Association (VNA) of Albany, Saratoga, Rensselaer, Inc.

**Patti Sauvie, RN**, Office Manager, North Country Home Services (NCHS) which services Essex and Franklin Counties.

**Tammy Snow, RN**, Essex County Public Health Department (ECPHD) which is a public health agency servicing rural Essex County.

## CHC: What are the initial challenges your organization faced when implementing this program?

**Moore:** In the beginning, it was difficult getting staff to understand the uses and advantages of telehealth. It was challenging for staff to troubleshoot equipment problems

*Continued on page 2*

# Home telehealth

*Continued from page 1*

and to get patient buy-in. We have improved the sampling process to include more staff so we are able to identify patients appropriate for telehealth much quicker. At times, there were barriers to using telehealth on patients with multiple co-morbid conditions or patients who had a history of anxiety. For the nursing staff, it was difficult when a patient did not accept telehealth since they saw the benefits. There were also challenges with patients who had digital phones since equipment did not always work for them.

**Sauvie:** A unique feature of CHC's project was that it involved paraprofessionals — home health aides (HHAs). Unfortunately, there were only a few referrals for HHA assistance with telehealth. Some of the patients sampled, although appropriate for using the equipment, did not need the assistance of an HHA.

**Snow:** It was difficult identifying patients appropriate for sampling since some patients had other health issues preventing use of telehealth (e.g., infectious diseases). Due to staffing issues, it was difficult to find time to train nurses and therefore it took more time to do the training one-on-one.

We trained HHAs in one session and wish there had been more time to do further training. There was lot of physician resistance due to their lack of familiarity with the equipment. We are also finding that most patients do not want to part with the equipment.

## **CHC: To date, what have you accomplished?**

**Moore:** We have more effective nursing visits. As for reducing utilization, we are currently

working on developing business plans for telehealth with our Finance Department. We prevented hospitalizations through better monitoring of oxygen levels, weight and vital signs. We found additional telehealth benefits aside from CHF management since we were also able to detect changes in other conditions.

**Sauvie:** Staff and field instructors were trained on the use of the equipment. NCHS developed a field instruction and lesson plans for HHAs as it relates to telehealth.

**Snow:** Staff are satisfied with using telehealth. Patients see the importance of daily monitoring and the need for teaching. They see the results and feel empowered. A number of physicians like reviewing patient trend reports since this makes them feel more involved. Patients experience better care management due to more frequent interactions and interventions. Communication between HHAs, nurses and physicians has made a difference in patient outcomes. CHC's telehealth brochure was well received by patients. We also developed two newspaper articles to promote the project in our community.

## **CHC: Are there any "lessons learned" you would like to share with others?**

**Moore:** We need to implement other measures when the equipment comes out of a patient's home in order to sustain lifestyle changes and prevent hospitalizations. It's important to assess each patient situation and the level of anxiety and stress in the home.

**Sauvie:** We want HHAs to be more involved in the future and look forward to doing more with



*Looking to explain and promote telehealth to potential and existing clients? Order **FREE** telehealth brochures from CHC for your organization through Charissa Ashman at 518/463-1118, ext. 816 or [ashman@nyshcp.org](mailto:ashman@nyshcp.org)*

telehealth. When starting a telehealth program, it is important to revisit staff roles (RN versus HHA) and delegate more to HHAs to free up RNs. Ongoing communication between collaborating agencies is essential.

**Snow:** More staff need to be devoted to physician education and telehealth promotion. Protocols need to be developed for equipment tracking and inventory. It would be advantageous having a designated telehealth coordinator or a team trained for the many telehealth activities.

CHC has developed a brochure about home telehealth and is disseminating this to a broad audience. An Adobe Acrobat version of the brochure is available at [www.chcforum.org/pdf/telehealth.pdf](http://www.chcforum.org/pdf/telehealth.pdf). You may order **FREE** printed copies of the brochure

# Behind the scenes at a CHC webinar

**W**hat does it take to put together an educational seminar for CHC customers? It all starts with an idea.

Topics for educational sessions frequently come from HCP members. CHC receives feedback from seminar evaluations, conversations between HCP staff and members, as well as specific requests for particular topics. Some topics are chosen based on the current trends in the industry while others are relevant over many years and have become staples in the CHC calendar. Legal topics are always of interest and CHC's most recent webinar, "Managing Performance While Avoiding Legal Liability," held in July, is an example. At least one seminar having to do with employee relations is always on CHC's annual calendar.



*Speaker John Bagyi took part in CHC's most recent webinar from his own office.*

CHC uses four major methods for delivery: audio conference, webinar, onsite conference and video streaming technology. How does CHC choose what is best for a particular topic?

## Determining topic, delivery and time

CHC staff look at the topic. For example, if it is something that is straightforward and easy to understand, an audio conference is likely to be chosen. That method might also be chosen for a topic dealing with time sensitive information and leaving little time for complete planning.

CHC also considers format and reach. Will it be necessary to have handouts available and for people to be able to ask questions? Will the topic be of interest to a statewide audience? Is this a topic that would induce people to travel a considerable distance to an onsite seminar?

For "Managing Performance," CHC chose a webinar format, primarily because the topic has broad, statewide appeal. A webinar allows customers from across New York and beyond to attend a seminar with little disruption to their work and little expense to the agency. This method also gives the participants the ability to ask questions and receive handouts.

The next consideration when choosing the delivery method is time. How much time is needed to cover the topic in a thorough way? If the topic is narrow and can be covered within an hour and a half, a webinar format might work best. If the topic is broad, complicated, needs a full day and/or warrants multiple speakers, an onsite program would be best. If the topic can be broken down

*Continued on page 4*

# Upcoming educational events

To register for an event, visit [www.chcforum.org](http://www.chcforum.org) or call 518/463-1167, ext. 817.

## Forum #27: Pediatrics & Home Care

September 21, 2006  
Audio conference, 3 pm - 4 pm EST

**Free** for all registered Forum participants

**Sponsor: Fidelis Care New York**  
[www.fideliscare.org](http://www.fideliscare.org)

## Corporate Compliance: Are you managing your risk?

October 4, 2006  
8:00 am - 3:00 pm

Albany Marriott

Albany, NY

*Sponsors: New York State Association of Health Care Providers, Inc. (HCP), Healthcare Association of New York State, Home Care Association of New York State, New York Association of Homes & Services for the Aging, New York State Health Facilities Association*



## HCP Annual Management Conference & Exhibition

October 25-27, 2006

Long Island Marriott

Uniondale, NY

Join us for an unforgettable meeting of the minds where we step out as an industry, as agencies, and as individuals, and take our place as the leaders of health care.

Session topics include: Medicaid Fraud, Point of Entry, Personal Leadership, Telemedicine Business Plans, Pandemic Preparedness, Private Pay, Managing Dementia Clients, Home Care and the Family, Legal Issues, and the Guerilla Marketing Advantage.

Visit [shadowsconference.com](http://shadowsconference.com) and register today!

# CHC webinar

Continued from page 3

into smaller parts and would be beneficial to multiple agency staff members, video streaming might be the way to go. Video streaming is particularly useful for topics relating to a nationwide audience and where the information will have a long “shelf life.”

## Getting the right presenter

Finding a speaker is next. Credentials, experience and past presentations are analyzed to choose the right fit. Faculty that are knowledgeable about the subject and are also able to relate their subject to home care are essential. A lot of time is spent working with the speaker on the direction the seminar should go and fleshing out the details of what CHC expects participants to take away from the session. Delivery format is also discussed to make sure the speaker feels comfortable.

Attorney John Bagyi of Bond, Schoeneck and King, LLC, and speaker at the “Managing Performance” webinar commented, “It is more challenging to present a webinar or audio conference than an in-person presentation. I like to engage my audience, feeding off their questions and hearing if they get my jokes!”

## Putting it all together

A draft of the speaker’s presentation is sent to CHC for review and discussed further with the presenter to ensure that key elements are included. What does the speaker do to prepare? “I always check recent legal developments and also try to find recent cases involving home care to bring the topic to life,” says Bagyi. He adds, “Although my preparation does not vary significantly based on the format of the seminar, my delivery does. When training in-person, you have the benefit of the real time questions and answers during the presentation. In an audio conference or webinar, I try to incorporate the answers to questions that were asked in prior in-person presentations.”

CHC Director of Development & Education Allison

Manny organizes the logistics of the seminar. Other staff are involved in marketing and promoting the seminar to prospective customers and registering attendees. For a webinar, Manny works with an outside vendor to set up the web meeting and the audio call and to record the webinar to make it available for purchase in the future.

Manny also works with the speaker to familiarize him or her with the tools available. For a webinar, the speaker may come to the CHC office but that is not necessary. This allows CHC to choose from speakers located nationwide and even opens up the available time of local speakers because they can do the seminar whether they are in their own office or on the road for business.

The day of the event, Manny checks for the proper functioning of the tools on the vendor website. “I make sure the PowerPoint slides load properly, that the speaker annotation tools are working as well as make sure the links to the handouts and evaluation open correctly,” says Manny. “All these elements have to work properly and the speaker must know how to use them. This is what makes the difference between a webinar that seems user friendly or frustrating and confusing.”

There is always technical assistance available on CHC webinars if participants have any trouble with the web portion of the conference. “We want this to be a stress free, enjoyable experience.”

## Evaluating the value

After the event is over, participants again receive the link to an online evaluation form. The evaluations help CHC determine if people got what they came for from a session or if more information is needed on a topic. Evaluations also serve as a source of suggestions for future seminars. The feedback lets speakers, as well as CHC, know if the audience felt the topic was covered adequately and gives them insight into their presentation style. “I give over 30 presentations a year,” says Bagyi, “and I continue to find that my impression of how a presentation is received is often diametrically opposed to how participants felt about the presentation. I enjoy interactive groups who ask questions, share stories (and laugh at my jokes). When I present to people who are silent throughout I find myself uncertain about whether the material was well received; yet I almost universally receive better feedback from those presentations,” says Bagyi.

Bagyi’s favorite format for presentations is in-person. “Alternative formats are very valuable because they allow me to reach more participants but it is difficult to replace the ‘give and take’ that exists when you are in the same room as the participants.”



Community Health Care  
Services Foundation, Inc.

*The premier educational resource for home and community-based care*

## FOCUS

99 Troy Road, Suite 200, East Greenbush, NY 12061  
Tel: 518/463-1167 Fax: 518/463-1606  
chc@chcforum.org www.chcforum.org

*Focus is published quarterly. Copyright © 2006 Community Health Care Services Foundation, Inc. All rights reserved. No part of this document may be reproduced in any form without written permission.*