

F OCUS

Telemedicine will be a big part of the future for home care

As summer has turned to fall and the 2004 Presidential Election draws near, there continues to be much deliberation about some of the common issues affecting our industry—the cost, quality of, and demand for health care services. At the forefront of these issues is a rapidly aging population with a large proportion of uninsured and a dwindling supply of clinicians to provide care. In light of this, both political parties have been pushing for adoption of a number of health information technology (IT) initiatives, including an electronic medical record; increased access to broadband in rural areas; and telemedicine. These initiatives will undoubtedly influence the types of grants that are appropriated for 2005.

While still in its infancy, home telemedicine, most commonly known as telehealth, will radically change the way health care is delivered. Home care agencies will be able to utilize their personnel more productively because the number of “physical” home visits is reduced. It has also been suggested that telemedicine increases the quality of life for patients and lowers the number of physician visits, emergency room visits, and hospitalizations. In this issue of *Focus*, CHC showcases Community Health Center, a Certified Home Health Agency (CHHA) in Johnstown, which received a telemedicine grant in 2003. That article is on page 2.

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for home care and hospice*

New technologies will drive CHC programming

CHC continually evaluates its programs, faculty and delivery techniques. As part of that process, CHC has determined that it must continue and even speed up its transition to new and innovative delivery methods and modes of education.

Over the past two years, CHC has had great success with audio conferences that allow attendees to participate from their own offices and are very cost-effective for home care agencies because many people from an agency can take part in the educational programming for one low site fee. CHC's Home Care Community Forum combined audio conferences, workbooks and a website for paraprofessional education and support to demonstrate just how good and cost-effective such delivery methods can be. Thanks to grant funding from the New York State Department of Labor and the Health Care Providers Self-Insurance Trust, the Forum programs are offered at no cost to agencies. Even a minimal site fee for each conference would represent a tremendous value for CHC customers.

In the future, audio conferences will be just one method for CHC to present its educational programs. There are several other new and exciting technologies available that CHC is now exploring and here is some of what we have learned:

Home care agencies must invest in education, training and new growth opportunities if they are going to succeed. But they are also under pressure to cut costs and offsite meetings and

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Grant funding launched this telemed project

By Jessica Smrtic

Introducing new technologies into home health care has its challenges and rewards, according to clinicians at Community Health Center (CHC) in Johnstown. The agency acquired several telemedicine stations this year, and is steadily introducing telehomecare, the use of communication and information technology to deliver home care services and exchange information over geographical distances, to doctors and patients with positive results.

Community Health Center is a Certified Home Health Agency that features both a Long Term Home Health Care Program and a developmental services program. CHC serves more than 470 patients each week in Fulton and Montgomery Counties with its team of 48 professional nurses. The facility has a total staff of 160 that includes nurses, home health aides and housekeepers, as well as physical, occupational, speech, respiratory therapists, dieticians, and social workers. It's never easy to provide home care to patients in rural communities. CHC, located at the foothills of the Adirondacks, sees its share of struggles posed by the difficult Upstate environment, as well as the sheer space that sometimes stretches out between the office and the home of the patient.

To respond to the travel issues and continually improve the quality of service offered to its patients, CHC launched new telemedicine technology in October 2003 that enables nurses and other health care providers to "visit" patients in their homes from the agency. This telehomecare system is the first to be used in Fulton and Montgomery Counties, and is one of the few systems used so far in Upstate New York.

The system allows nurses and other clinicians to evaluate, educate, and treat patients through the use of telecommunications systems. Once a patient's home is wired with a telephone line and a home monitoring unit, CHC staff are able to speak to the patient; hear their breathing; watch them take medicine; monitor their diet; detect their heart rate; and even teach them about their condition via a computer, networking, and video conferencing equipment located at the home care agency. CHC's home units simply have one button to press and home installation only requires an outlet and a phone jack.

The funding for the equipment was awarded to CHC as one aspect of a \$320,000 grant from the Indirect Vitamins Purchasers Antitrust Litigation Settlement administered by the New York State Attorney General for the improvement of health and nutrition in New York State. CHC's first goal in using the new technology is to promote good nutrition. The technology is being used to take, record and monitor daily weight; instruct on diet and salt intake; correct or report noticeable changes in weight and breathing; and use electronic menu planners to customize menus, taking into account dietary restrictions relating to diagnoses and drug regimes. After the three-year grant period ends in 2005, the monitors will be used on an as-needed basis for patients who need more frequent checks, including those with congestive heart failure or hypertension.

Kathleen A. Marcais, Director of Staff Education at CHC, and writer of the successful grant, explained that "CHC's goals in acquiring the telemedicine equipment were to complement the nutrition counseling program that is provided free to any resident whose insurance will not cover the services of an RD (Registered Dietician)"; and also "to allow the home care clinician to add a new dimension of care focusing on prevention rather than rescue." She said, "Telehealth tools can play an important, assistive role for providers to help their patients toward shouldering the long-term goal of self-management."

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Coordinator at Community
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Community Health Center staff members speak to a patient during their first "virtual visit." From left are Sharron Tedesco, nursing supervisor; Kathleen A. Marcais, Director of Staff Education; Susan Everett, Certified Diabetes Educator; and Kimberly Ellis, nursing supervisor.

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Telemed project . . .

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One of the first challenges faced by CHC was finding a registered dietitian to oversee the development of the program. A region-wide search via newspaper ads brought in only a few candidates, and many seemed unwilling to take on the challenge of creating a program from its inception. CHC found Cameron Waylett, RD, an individual just starting her career in nutrition, who was willing to take on the task of organizing and nurturing the telemedicine program.

“Telehealth tools can play an important, assistive role for providers to help their patients toward shouldering the long-term goal of self management.”

To get the program started, monitors were placed in the homes of patients with conditions such as diabetes that require a high level of nutritional monitoring. Waylett said her first challenge was getting the other clinicians involved. She does most of the tele-visits herself and is extremely busy as many of the supervising nurses see the value of the telemedicine services to their patients.

Getting patients involved was even easier and Waylett said they have responded very positively. They have had “great outcomes, including improved blood sugars and weight loss, because the motivation is sitting right there in their kitchen or living room.” Waylett usually “visits” her patients once a week and each visit includes teaching, reinforcement, and monitoring. It doesn’t take long for patients to accept the monitor as part of their care. “Once they see it work the first time, they are comfortable,” she says. “In general a large percentage of my telemedicine patients now have normal blood sugar levels thanks to the frequency of visits allowed by the equipment,” she said. She said she would recommend other agencies get the technology. “I can provide motivation and support without having to travel long distances,” which can make a great deal of difference to patient, clinician—and the agency’s bottom line.

Several grant projects on the horizon for CHC . . .

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Latest grant developments at CHC

CHC continues to remain at the forefront of telemedicine developments as they relate to the home care industry. In July, CHC learned from the U.S. Department of Commerce that its \$1.3 million telemedicine grant proposal was moved to the second phase of proposal review. The proposal, completed in April, was submitted to the U.S. Department of Commerce, National Telecommunications and Information Administration (NTIA), Technology Opportunities Program (TOP). Of the 494 proposals TOP received, CHC was one of two telemedicine projects showcased in TOP’s announcement and other newsletters. CHC will receive final word on that grant this fall.

CHC has also been working with U.S. Rep. John Sweeney’s office as we await word on a Federal appropriation in the amount of \$540,280 to conduct a telemedicine demonstration in Columbia; Greene; Warren; Washington; Rensselaer; Essex; and Saratoga Counties.

Other grant projects at CHC include the development of initiatives and services to better inform the public about the various health care providers and services that exist for seniors across New York. CHC has been collaborating on these concepts with a number of technology companies and other organizations as well as related grant proposals

are developed. CHC is also working with an Albany-area college to identify partnership opportunities in development of a grant application in order to perform original research in the area of Bioterrorism and Public Health Emergency Preparedness as it relates to the home care industry. Initial feedback from the Director of the Bioterrorism Preparedness Research Program to CHC has been extremely positive.

CHC continues to make great progress with Project ACT (Assessment, Coaching, and Training) through the New York State Department of Health (DOH) Temporary Assistance for Needy Families (TANF) Healthcare Worker Training Grant. This summer, CHC developed a number of materials for the Project including two brochures describing the work and career of paraprofessionals to help recruit TANF eligibles to the home care field; and three resource tools containing information about various community support services for the TANF worker. Career counselors were hired for each of the three project locations—Capital District, Erie County, and Long Island. The Project takes place from now through May 2005.

At CHC, we continue to brainstorm grant and demonstration ideas. If you have any ideas and want to brainstorm and collaborate with us, please contact Charissa Ashman at 518/463-1118, ext. 816 or email her at ashman@nyshcp.org.



Focus

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New technologies for programming . . .

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events are expensive. What type of conferencing/seminar technologies are available and what are the pluses and minuses of each?

Audio conferencing is relatively inexpensive and is based on equipment that everyone has—conventional telephones. Participants can join in from their own offices, and do not need to learn new equipment. Audio conferences can be interactive with all participants being able to talk as well as listen. Many people from the same agency can participate simply by using a meeting room or auditorium. One major downside to audio conferencing: it does not allow for any sharing of visual information or data. One way to get around this (which was used by the Home Care Community Forum) is to supply written material in advance via email, regular mail, fax or download from a website.

Web conferencing is an alternative to audio conferencing but is frequently used together—the participant is at his or her desk listening to the audio conference while simultaneously visiting a website. That allows visual information, including word processing documents and spreadsheet files, to be shared and the process is interactive. Generally, an audio conference and a web conference will be set up simultaneously; however, newer technology now allows for an integrated conference that combines both phone and web. Almost all business users will have both a phone and a computer with Internet access and will already know how to use them. However, it is more difficult for an agency to gather many users in one place than for an audio only conference as each person will need a computer. This technology is most frequently used for relatively small groups of people.

Video conferencing allows interactive video, audio and data communications via the Internet or separate data networks. A big plus for this technology is that it allows face-to-face contact. A drawback is that specialized and expensive equipment is required (at both ends) and someone must have the knowledge to use that equipment. CHC has such equipment but very few home care agencies do; to take part in a conference, attendees will have to leave their offices and travel to a place that has the equipment to receive the conference. Such places are usually available locally so the travel factor is not as great as venturing to a different part of the State or country to attend a conference.

Webcasting/streaming media uses the Internet as does web conferencing but communications flow only one way in this technology which is well-suited for communicating with a large number of people. Video is common as are still images (frequently referred to as “PowerPoint slides” but, in fact, any images can be used). The participant does not need special equipment or skills but the “bandwidth” of the participant’s connection to the Internet is key to that person’s experience. Those with a dial-up connection may have to forego the video, relying on audio only.

Various technology companies are constantly working on new tools and techniques for conferencing. A recent development is animated characters that can give a presentation on a website, interact with visitors, and some can even use a particular person’s voice to do so. Another is a system that digitally “teleports” a speaker’s image to a conference site anywhere in the world. The speaker’s image appears life-size and three-dimensional. (The image can’t shake hands, however.) “Robot doubles” are not available yet but Hewlett-Packard is working on a technology that would allow such robots to be sent out in your place to a meeting or conference.

You can expect it may be some time before CHC is teleporting speakers around New York State, but new technologies and new delivery methods for education and training are definitely coming soon for home care and hospice providers through CHC.