



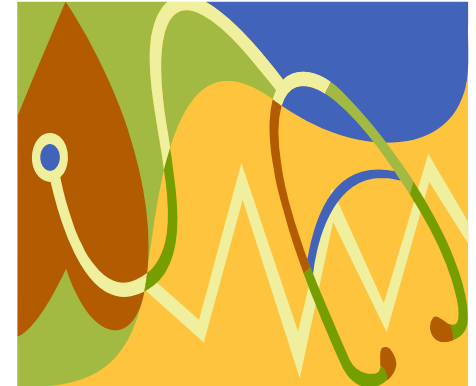
# So...You Bought The Monitors...Now What?

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## What To Do???



- You bought 50 monitors
- There are 37 sitting on the shelf
- Only one or two nurses like to use them
- Doctors don't want the reports
- Outcomes could be better...
- You are still paying monthly for your monitors and you are wondering about your decision to spend...
- **Get Out There and Market!!!**



# American Marketing Association

## Marketing is...

“Any activity which aim is to make humans behave in a desired manner”

“An organizational function and a set of processes for creating, communicating and delivering **value to customers** and for managing customer relationships in ways that benefit the organization and its stakeholders“

- [www.americanmarketingassociation.com](http://www.americanmarketingassociation.com)

## Market Value...

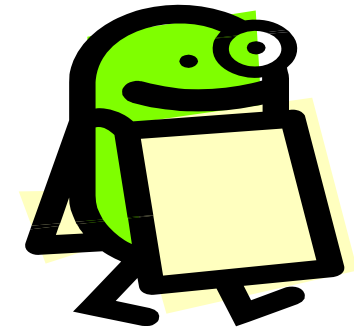
- Know **what** value are you marketing
- Know to **whom** you should market **what value!**



# Identify Your Customer (People)

**Who** are your customers?

- Physicians
- Referral Sources, discharge planners
- Clinicians
- Patients
  
- What is the relationship? Who has it?*
- What is the value?*

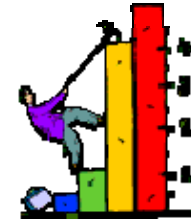


# Consider the “downside”

- Physicians
  - More paper...more reports
  - More calls from nurses and patients
  - Liability
- Clinicians
  - Replaced by technology
  - Additional time
  - One more thing to do
- Patients
  - Scary technical looking equipment
  - Additional learning
  - Too much all at once
  - Timing



# Perception of Value



Different for each customer

1. Graphs and trends
  2. Real time information
  3. Efficiency
  4. Positive patient outcomes
  5. Wellness/Lifestyle
  6. Positive financial outcomes
- Physician 2, 4
  - Patient 2, 4, 5
  - Discharge Planner 4
  - Family Member 1, 2, 4, 5
  - Agency Management 1 -6
  - Clinician 1, 2, 4 maybe 6
  - Consumers/Community 2, 4, 5



# Value Is...Results

## ■ What is the value to the patient?

□ Real example that keeps them healthy and functional

- Preventing hospitalization or an ER
- Health promotion
- Highest level of functionality
- Predict when changes need to occur
- Reinforcement
- Safety-feeling connected



***Achieving good health-staying independent!***

# Value Is...Results

## What is the value to the physician?

- Ability to identify a negative change and intervene before it is a problem...
  - No late night calls      ZZZZZZZZ
  - No ER admission
- Improve MD's medical management outcomes
  - Physician P4P
  - Patients more satisfied
  - Capacity to see more new patients

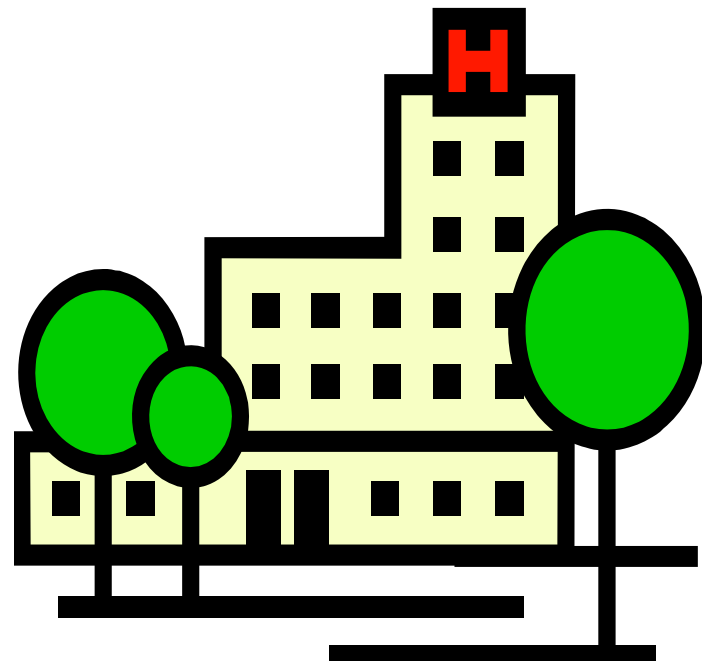


***Providing the best possible care efficiently with the best possible outcomes in a timely manner!***

# Value

## ■ What is the value to the discharge planner?

- Physician satisfaction
- Consumer satisfaction
- Reliably good outcomes
- “Halo” effect



# Clinicians Rule!



- Efforts focused on **clinician** buy-in will reap the largest gain
  - You “sell” what you believe in
  - A clinician who believes in the efficacy of technology...
    - Will exude confidence during patient interactions
    - Will demonstrate benefits to physicians
    - Will be an ambassador to the community

***If the nurses aren't happy-ain't nobody happy!***

# Clinician Buy-In

## ■ Focus on the value to the clinician

- Faster, accurate and reliable information
- Ability to identify potential problems and intervene early
- Teaching reinforcement tool
- Ability to manage remotely
  - Video visit
  - Vital sign monitoring
  - Patient specific questions-reminders



***But how do you make them believers?***




# Achieving Clinician Buy-In...

## Is An Art

- For guaranteed success it's all or nothing!
  - Total immersion
- Real telehealth value can only be achieved after a culture change
- Agency culture transformation
  - One nurse or one team
    - Only those involved will see benefit
    - Less opportunity for success stories
    - Usually not enough impact for profitability
- Management must be actively involved
  - Change is not self-sustaining
  - Change will not happen overnight
  - Change takes perseverance

# Achieving Clinician Buy-In...

## Is A Process that requires proof and reward

- Clinicians
  - Care management vs. cost management
    - Reasonable expectations
    - Time  to manage care
  - Reward the positive
    - Competitive Compensation
    - Process & Clinical Outcomes
      - Timely documentation
      - Accurate assessments
      - Positive relationships
    - Feedback must be Clinician specific
  - Reward excellence-in Telehealth
    - Start with (the basics) participation
    - Progress to higher levels of success





# Home Care Mandates

- Focus on hospitalization rates and the use of telemonitoring and telephony
- A **1.6%** reduction in hospitalization rates could result in a savings of \$356.4 million to Medicare spending
- National Home Health Quality Initiative
  - Reduce hospitalizations by a minimum of 5%
    - Tools
    - Resources
    - Best Practices



# Use The Mandates...

## Demonstrate Value with Results

### 2008 National Patient Safety Goals

- Joint Commission released 2008 DRAFT National Patient Safety Goals

**“Improve recognition and response to changes in patient’s condition”**

### Application to Telehealth...

- “Just in time” interventions that prevent ER admits!

# Seize The Moment!!!

- Pay for Performance
  - Agency Goals
    - Profit
    - Growth
  - Management Goals
    - Efficiency
    - Accuracy
  - Clinician Goals
    - Positive patient outcomes
    - Reward (Incentive)



# Demonstrate Value

## It's The Results That Count!!!

- Reduced hospitalizations
- Just in time interventions that prevent ER admits
  - Physicians
  - Patients
  - Clinicians..if incentivized





# National Home Health Quality Initiative

- The goal for the campaign is to reduce the average ACH rate across all campaign participant home health agencies by a 5% relative improvement from baseline to the end of the campaign.

HHA ACH Baseline Rate	5% Relative Improvement
40%	38%
35%	33.25%
30%	28.5%
25%	23.75%
20%	19%
15%	14.25%
10%	9.5%



# Perception of Value...

## Agency Management

- Financial Performance – ROI
  - Profit margin
    - Decreased visit utilization per episode
    - Ability to manage care for more patients per RN
    - **Timely** and **appropriate** care delivery
      - No unnecessary visits
      - Timely documentation submission
    - Positive outcome performance=P4P

***Efficiency AND Efficacy***

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# Choose The Right Results...

- ***Improvement in management of oral meds***
  - ***30% of ALL hospitalizations and 45% of all rehospitalizations can be attributed to medication mismanagement***
    - National average = 41%
- Remote monitoring applications plus best practice tools can help to educate and influence medication compliance
  - Reminders-alerts at multiple times of the day
  - Re-enforcement about why the medication is needed
  - Education about medications
  - Compliance-You do better when you are “watched”
    - Provide manual tools
    - Medication assessment protocols
    - Beers criteria



# Choose the Right Results

- Patient Falls – 40% of people > 65 or older fall annually
  - Assess ambulation and balance during initial and ongoing visits by asking the patient to transmit vital signs
  - Program question related to dizziness
  - Alert clinician



# When and How Should You “Market”?

- **When good things happen**

- **In everyday practice**

- Staff meetings-positive feedback
- 60 day written summary-tell the MD **How** you came up with the data
- Care conferences-make suggestions for care planning using remote monitoring
- Telephone call to MD office to discuss a treatment change as a result of monitor trends
- Upon referral-tell the discharge planner that this patient will benefit from monitoring because...
- Upon admission-use the equipment as a tool while gathering OASIS information-let the patient see the equipment as a part of your process





# Set Goals For Success

Clinicians	3-6 months	Monitor on 50% of caseload
Management	3-6 months	Visits reduced by one per episode
Management	4-6 months	1% reduction in ACH
Physicians	6-9 months	Use of best practice suggestions
Patients	6-9 months	Ask for monitor

# Monitor Success

## ■ Implement oversight processes

- Monitors on admissions – no excuses!
  - Do not look for reasons “why not”
- Rapid response to changes in patient condition
  - Keep track (log) interventions
- “Intelligent” communication with physicians
  - Develop protocols-what to ask for
- Routine telephone calls-increases patient contact & enhances relationship
- Elimination of automated scheduling
- Insure patients are transmitting





# Proposed PPS Rule 2008

- Incentive For More Chronic Care & Disease Management
- Focus On TeleHealth To Achieve Efficiency & Efficacy
  - Acute Care
  - Chronic Care



# Develop a Monitoring Process

## **Weekly TeleHealth Management Summary**

- Week Beginning: \_\_\_\_\_ Week Ending: \_\_\_\_\_
- Office: \_\_\_\_\_
- Census \_\_\_\_\_
- Total Monitors Assigned \_\_\_\_\_
- Number of Monitors In Use \_\_\_\_\_
- Number of Monitors Not In Use \_\_\_\_\_
- Total Admissions \_\_\_\_\_
- Total Monitor Admissions \_\_\_\_\_
- Number of Hospital Transfers \_\_\_\_\_
- Percent of Patients Transmitting  
(according to plan) \_\_\_\_\_



# References

- *“Home Telehealth Reference 2005”*,  
[www.medqic.org](http://www.medqic.org)
- Home Care Automation Report
- [www.americanmarketingassociation.com](http://www.americanmarketingassociation.com)



# Conference Instructions

- Noon CST--- May23rd
- 1-800-896-0352
- Conference code #298039
  - Call in 15 - 20 minutes before
  - Ask to be put into pre-conference (speaker)
- Ben's telephone# (919) 281-0474 ext. 367