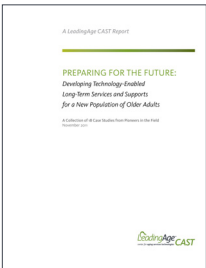# CAST CASE STUDY

Jewish Home Lifecare

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How telehealth is helping a provider to position itself as a partner to hospitals on avoiding readmissions.

The first in a series of case studies from the Preparing for the Future Report

> Nurses made more home visits to deliver hands-on care thanks to time saved from paperwork
>
> Telehealth data made in-person visits focused and more productive
>
> Hospital readmission rates for patients with congestive heart failure fell from 16 to 5%
>
> NY State Medicaid now reimburses telehealth allowing JHL to rollout the Health Buddy to 375 individuals

The Organization

[Jewish Home Lifecare](#) (JHL) provides health care services and assistance for elders and those who care for them on campuses in the Bronx, Manhattan and Westchester County, NY. It also serves elders in their homes throughout the New York metropolitan area. The organization operates three large nursing homes featuring both long-term and sub-acute beds. Its Community Service Division is comprised of two home care agencies, three medical day centers and one social day center program. JHL operates three Section 202 housing communities, one independent housing community and a transportation company. It also has partnerships with four Naturally Occurring Retirement Communities (NORCs) in Manhattan and the Bronx, where it provides a part-time registered nurse who offers tenants health education and screening, arranges for outside speakers to discuss a variety of health topics, organizes health fairs and provides referrals.

Technology-Enabled Model or Service

Jewish Home Lifecare uses technology in all of its service lines and in all components of its Community Service Division. It is currently in the process of rolling out technology-enabled services in its sub-acute unit. Current technology-enabled services include:

- **Electronic Health Records:** JHL's Community Service Division manages an electronic health records (EHR) system for its home care clients. This system offers clinicians working in the division increased autonomy and efficiency. Nurses now make more home visits per day than before the system was launched, primarily because they are not required to travel back to the organization's headquarters to complete paperwork or retrieve client files.

- **Non-Video Telehealth:** This telehealth solution, part of JHL's HealthMonitor Service, uses a simple interactive device to help elders manage daily medication and transmit basic health information under the guidance of a Jewish Home Lifecare telehealth nurse.

- **Medication Dispensers:** About 50 medication dispensers are in use among JHL home care clients and another 25 are being used by clients of the organization's adult day centers. Dispensers are available for a monthly subscription fee.

HealthMonitor Implementation Approach

At least three days a week, clients of Jewish Home Lifecare's Community Service Division use a telehealth device called HealthMonitor to collect and send their vital signs to a telehealth nurse at the organization's Manhattan headquarters. The device also conducts a daily dialogue with clients that poses questions about the client's general health status (including medication compliance, falls, pain or feelings of depression) and asks questions that are tailored to an individual's particular health concern, such as congestive heart failure (CHF) or diabetes.

A full-time telehealth nurse monitors both the vital sign data and the answers to dialogue questions. When data and client feedback indicate that the individual has a health concern requiring action, the nurse sends an alert to the client's home care clinician. The clinician then follows up to help resolve the health issue before the client requires hospitalization.

Home care clients collect and send their information to the telehealth nurse using the tabletop telehealth device that is installed in their homes. Clients who attend JHL's medical day center programs, and residents of JHL-affiliated NORCs, use a kiosk to participate in the HealthMonitor program. When day-center clients or NORC tenants swipe their individual identification cards at the kiosk, the device greets them by name, asks them a set of questions and takes such vital signs as blood pressure, weight and pulse, depending on their condition.

HealthMonitor Outcomes

Reduced hospitalization rates: During pilot testing, Jewish Home Lifecare's telehealth program was shown to reduce hospitalization rates among home care clients with CHF from 16 percent to five percent. The organization was able to maintain these low rehospitalization rates after the pilot ended and the organization made the deployment of telehealth units a standard practice for all home care clients with CHF.

Better care through increased efficiency: Home care nurses are now able to maximize their home visit time with clients who have telehealth because they know, prior to the visit, about areas of concern and the client's need for education. This prior knowledge makes face-to-face visits much more interactive and focused then they were prior to the introduction of telehealth.

In the same way, the telehealth kiosks are helping nurses reach out to clients whose reported data and dialogues indicate that they need assistance. This is particularly important in the day centers, where three nurses oversee the care of 100 clients. While the telehealth kiosk allows nurses to focus on clients who need attention, it also helps all clients feel that they are getting a higher level of service from JHL. The telehealth kiosks are also expanding JHL's presence in the four NORCs where the organization provides part-time nurses. Even when their part-time nurse is not on site, NORC tenants can use the kiosk to measure their vital signs and send their data and dialogue answers to the JHL telehealth nurse. Interventions can then be implemented if a health concern is detected.

Increased market share: The telehealth program has given Jewish Home Lifecare an edge in the local market because it fulfills the desire of clients for peace of mind and a real-time connection with the organization and its clinicians.

Challenges

A lackluster private-pay market: A lack of consumer awareness about telehealth is holding back the private-pay telehealth market for the HealthMonitor Program. Jewish Home Lifecare staff members spend considerable time educating clients before they purchase a telehealth subscription. However, once clients try the devices, they tend to continue using them for an extended period.

Staff resistance: While clients have been very receptive to the HealthMonitor service, clinicians were initially resistant to the new technology. Generally these staff members questioned why their clients needed a machine to monitor their vital signs and well-being when they already had a clinician to perform these tasks. Faced with this push-back, Jewish Home Lifecare conducted an extensive campaign to educate clinicians about how the telehealth initiative would help them better serve their clients.

Business Case

Jewish Home Lifecare began rolling out the HealthMonitor service in 2002 with help from two outside grants. During the first grant, the organization deployed 25 non-video telehealth units to home care clients with CHF. Using a larger, subsequent grant from the New York State Department of Health, the organization conducted an expanded rollout of the same unit to a combination of clients with CHF and diabetes.

Concluding that the clinical outcomes from the pilots justified the cost, JHL then decided to use its own funds to equip home care clients with the HealthMonitor devices. Since that time, New York State authorized Medicaid

reimbursement for telehealth. Today, 422 HealthMonitor units are being deployed across the continuum with the help of Medicaid reimbursement. An additional 17 clients pay for their telehealth units. JHL also has 125 clients using its telehealth kiosks at adult day centers, NORC sites and in the organization's sub-acute units.

JHL installed teleheath kiosks in its sub-acute units as a way to help patients learn how to control their condition and avoid a readmission. When CHF patients are discharged from the sub-acute unit to their own homes, JHL is hoping they will take a private-pay telehealth unit with them and continue to actively manage their condition. JHL also believes that the presence of these kiosks gives its sub-acute units a competitive edge in the marketplace, especially among hospitals that are interested in helping newly discharged patients avoid a rehospitalization.

Jewish Home Lifecare is actively working to position itself as a partner that can help local hospitals reduce their rehospitalization rates through telehealth. In Aug. 2011, the organization completed a pilot program with 75 CHF patients who had been discharged from the New York University (NYU) Medical Center. When these patients returned home, they took a HealthMonitor unit with them and received in-home instruction on how to use the unit from the JHL telehealth nurse who would be monitoring them. By the end of the pilot, the rehospitalization rate for pilot participants was 17 percent, compared with a 24-percent rehospitalization rate for all NYU CHF patients. Based on the results of that pilot, JHL is working with NYU to establish this program for all of the medical center's at-risk CHF discharges. JHL is confident that hospitals will be more willing to pay for the cost of its telehealth service than to pay the cost of a hospital readmission. This will be particularly true after Oct. 2012 when the government begins to penalize hospitals for unnecessary readmissions that occur within 30 days of discharge.

Keys to Success

Telehealth experience and data: Jewish Home Lifecare's 10 years of experience with telehealth is helping it convince hospitals to participate in the HealthMonitor Service. Hard data associated with the organization's telehealth programs, including its success in reducing rehospitalization rates, gives Jewish Home Lifecare instant credibility with potential hospital partners. That data has also helped the organization convince its own clinicians that telehealth provides tangible benefits to their clients.

Support from organizational leaders: Key staff and board members immediately saw the potential of the telehealth technology, were supportive of its deployment, and helped staff acquire financial support for the initiative. Jewish Home Lifecare CEO Audrey Wiener helped the Community Services Division obtain the grant for its first telehealth pilot. After viewing a demonstration of a telehealth unit, an influential board member helped the division obtain funding for its second pilot.

Advice for Others

Narrow your focus and conduct a pilot. When deploying a telehealth unit for the first time, target your program to a specific patient population and identify a specific outcome you want to achieve. Then conduct a pilot program with at least 25 clients for at least six months. Expand the program only if you have outcomes data to support your investment. Pilots can also help you test out vendors and equipment to see if they are a good fit for the organization.

Don't buy a fancier telehealth unit than you need. Most JHL home care clients lack high-speed Internet access and must transmit their telehealth data using a telephone line. For this reason, the organization chose a non-video telehealth unit that was more compatible with telephone-line transmission.

Don't ask too much of clients. Initially, Jewish Home Lifecare asked its home care clients to use the HealthMonitor service seven days a week. Clients pushed back against this requirement because they found it onerous. Now the organization asks clients to use its telehealth service at least three times a week. ∎