
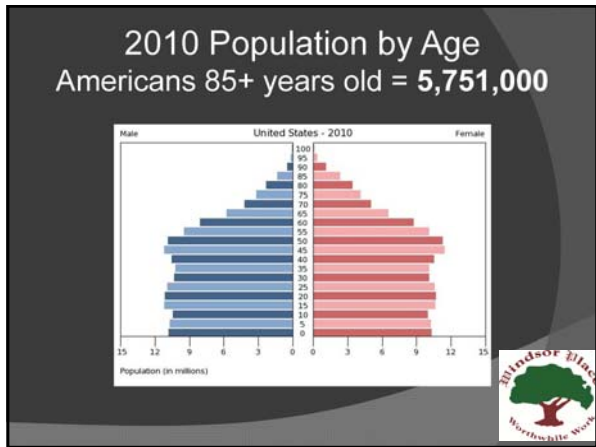
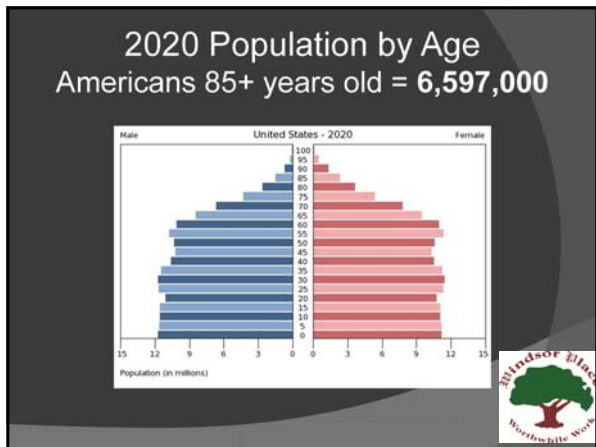


**IDAHO
CONFERENCE
ON HEALTH CARE**

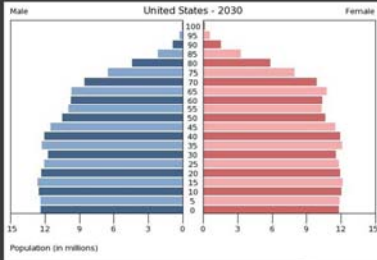
**Thomas Geriatric Health
Symposium
October 29, 2010**



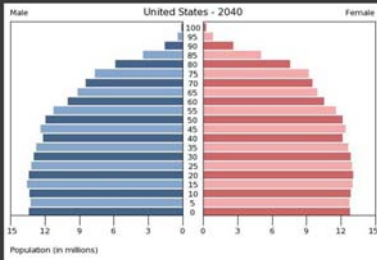




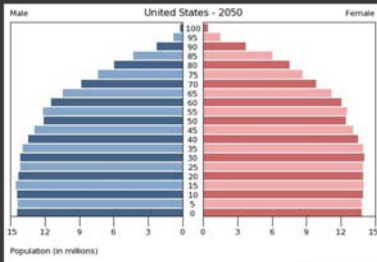
2030 Population by Age Americans 85+ years old = 8,745,000



2040 Population by Age Americans 85+ years old = 14,198,000




2050 Population by Age Americans 85+ years old = 19,041,000



Kansas Medicaid LTC Services

Home and Community Based Services

Medical Clinical Care	VOID
ADL and Personal Care	Attendant Care Workers ----- Homemaker Staff
Social Needs	Companion Services (added October 2008)




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Kansas Medicaid LTC Services


Nursing Facilities Home and Community Based Services

Medical Clinical Care	RN's ----- LPN's	VOID
ADL and Personal Care	CNA's ----- RA's ----- Other Staff	Attendant Care Workers ----- Homemaker Staff
Social Needs	Activity directors/Social workers	Companion Services (added October 2008)



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In 2006, Windsor Place met with and proposed to KDOA Secretary Greenlee and her staff the application of home telehealth and remote monitoring for the purpose of managing chronic diseases more effectively in the home.



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Four Key Elements to Telehealth


- Accurate physiological information
- Shared data with patient
- Data-driven coaching/patient education
- Optimized provider involvement



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In Feb 2007, a KDOA grant funded our 50 unit pilot project targeting high-risk HCBC consumers. On August 1, 2007, the pilot program was operational. Extremely promising results were realized during the pilot's first year. An extension of this grant with expansion to 75 units was awarded in fall 2008.

A second extension of this grant was awarded in fall 2009. Results continue to be quite exciting in this paradigm shift.



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Award-winning Measurement Technologies

Accurate, Reliable, Unobtrusive and Easy to Use

Blood Pressure & Pulse
Takes readings when patient allows cuff up the arm, then presses "Start" button.


Standard Scale
Low step, a wide, steady platform, a large digital display and voice announcement.

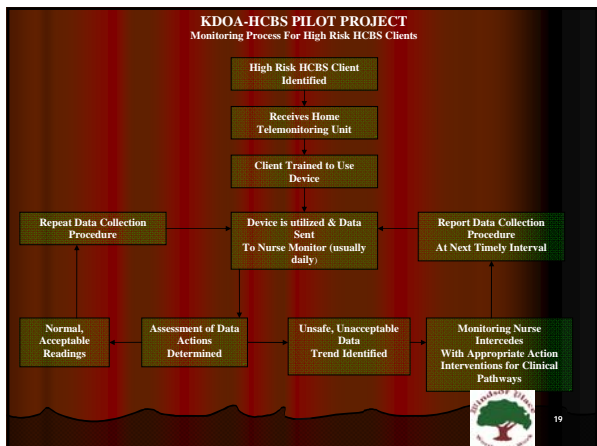
TeleStation
Asks simple health questions. Responses are communicated to the clinical software.

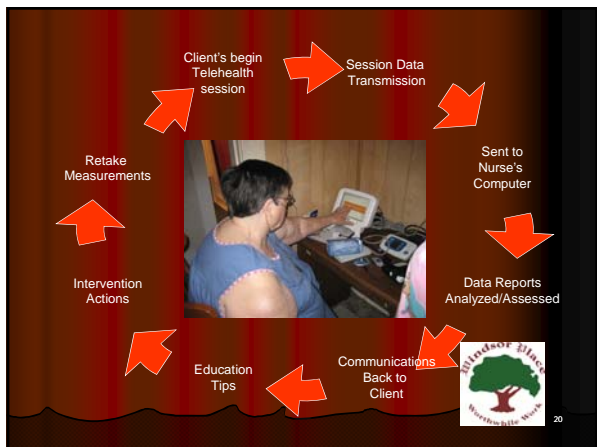
ECG/Rhythm strip
Simple wristbands with snap-on connectors.

Pulse Oximeter
Spot check oxygen saturation and pulse within seconds.

Glucose meter connection
Bayer Ascensia Contour 7151B







MARY'S DAY

Mary uses Telehealth equipment to measure her Weight, Blood Pressure, Pulse Oxygen and Blood Glucose readings. A typical day for Mary is as follows:

07:30am Mary wakes, walks into her dining room and sitting relaxed, places the **Blood Pressure** cuff on her arm and presses the **START** button on the s/p motor. Her s/p is automatically transferred to the TeleStation (main monitor).

07:32 Mary places the **Pulse Oxygen** clip on her finger, presses start and the meter measures the oxygen in her blood. This is transferred to the TS.

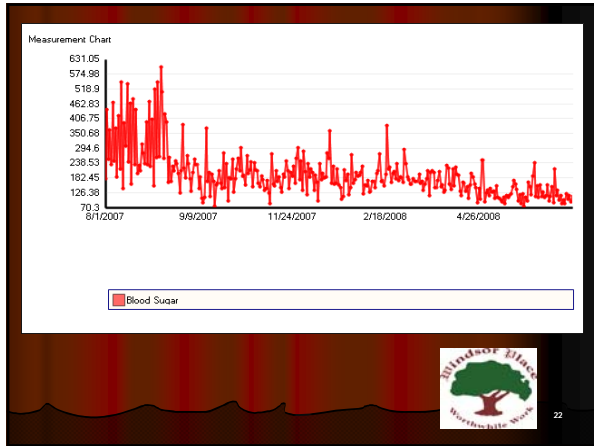
07:34 Mary checks her **Blood Sugar**. Once the measurement is taken, she will plug a cable from the TeleStation into the glucose motor. This transmits that reading to the TS.

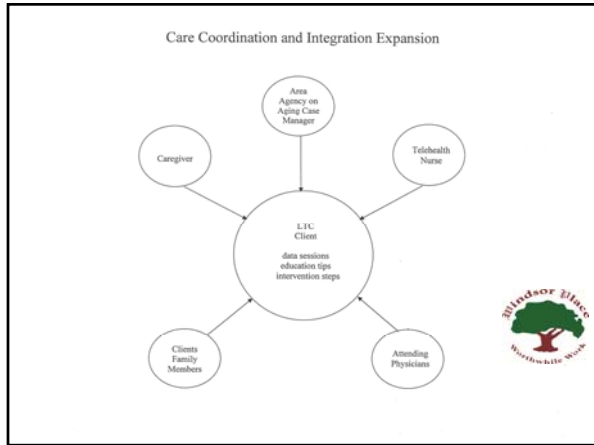
07:37 Next, Mary gets up to do her **Weight**. In about 10 seconds, this measurement will automatically go to the TS.

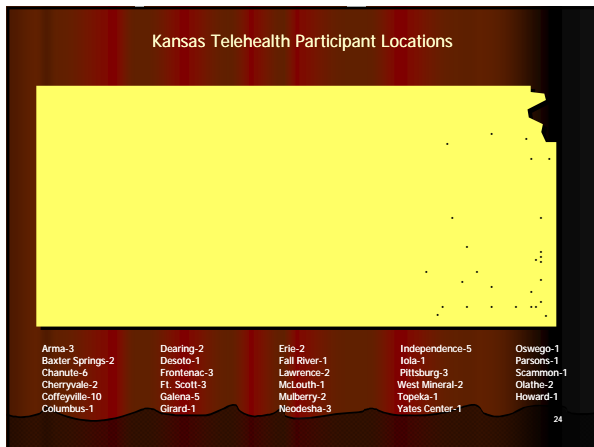
07:40 Taking all these measurements in the comfort of her home, Mary has used about **10 minutes** of her day.

The **TeleStation will transmit** the readings it has received from each device via a **TOLL FREE** number and send them to a **secure, password protected website** so that the Telehealth nurse can see them. This transfer happens about 15 – 20 min after the first measurement was taken, giving Mary ample time to do all measurements.

On occasion, Mary will have assessment questions, information or education, or a simple birthday greeting. She will answer these in a matter of minutes and the TeleStation, as with the measurements, will transmit the answers to the secure website.







Telehealth Cost Savings Analysis 3-1-2010

- Assumptions: 500 HCBS clients with telehealth
 90% success retention rate in the home.
 (Compare to 96.6% in two year pilot)
- **Cost of Increased HCBS Caseload**

500 HCBS clients with average POC @ \$1049/month X 12 Months	= \$6,294,000
500 Units of telehealth @ \$180/month X 12 Months	= \$1,080,000
500 Units of telehealth (deployment, installation, training) @ \$250	= \$ 125,000
Total Cost	\$7,499,000
- **Savings from Reduced NF Caseload**
 450 Nursing home deferrals @ \$3000/month X 12 months = \$16,200,000
- **First Year Net Savings in Medicaid Fund** = **\$8,701,000**

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Telehealth Cost Savings Analysis 3-1-2010

- Assumptions: 500 HCBS clients with telehealth
 80% success retention rate in the home.
 (Compare to 96.6% in two year pilot)
- **Cost of Increased HCBS Caseload**

500 HCBS clients with average POC @ \$1049/month X 12 Months	= \$6,294,000
500 Units of telehealth @ \$180/month X 12 Months	= \$1,080,000
500 Units of telehealth (deployment, installation, training) @ \$250	= \$ 125,000
Total Cost	\$7,499,000
- **Savings from Reduced NF Caseload**
 400 Nursing home deferrals @ \$3000/month X 12 months = \$14,400,000
- **First Year Net Savings in Medicaid Funds** = **\$6,901,000**

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Long Term Care

	NF	HCBS
medical/clinical needs	RNLPN's provide care here	There is a void of care here. Telehealth would fill this need and allow seniors to stay in their homes longer.
Personal/ADL needs	CANRA's provide care here.	Attendant care and homemakers provide care here
Social Needs	Activity Directors/Social workers	Companion services added Oct 2008

Cost savings opportunities 1372 PD consumers incurred \$24M in Medicaid hospital costs in FY 2008.
 Projected FY2009 Medicaid hospital cost for PD consumers is \$28M.
 If 500 consumers could be averted, savings could be \$10.2M annually or more.

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