HOW TELEMEDICINE CAN REDUCE NURSING HOME COSTS

Main Focus:

Telemedicine for Athene is designed to reduce acute transfers and unnecessary hospitalizations while providing the highest quality of care. Providing telemedicine services by utilizing video communication technology and digital diagnostic equipment which allow MDs to interact, evaluate, diagnose and treat residents at bedside without leaving the nursing facility.

Sample Scenario:

- 74 year old female admitted with right hip fracture s/p fall from home. Developed stage 3 wound on her heel while in the hospital. On nectar thick liquids. Past Medical Hx: DM, HTN, CAD. Medicare Primary with BCBS secondary. Plan is SAR to home. **WILL YOU ACCEPT?**
- **Risks:** fall & safety precaution, aspiration precaution, risk for infection and cardiac precaution
- **Recommendations:** PT, OT, Speech, Wound Care, Med Management and Dietary Consult
    - ***She would fall under the Rehab Ultra Category (RU) for reimbursements $670/day***
- **Problem:** Day 5 post admission during 7-3 shift: Pt spikes a fever and develops a cough. PCP orders labs & CXR
- **Results:** 3-11 shift: Lower lobe infiltrates, PCP starts Levaquin 250mg po qd x 7days, neb tx q4 prn
- Day 3 on Levaquin: Pt presents fever 101, lethargic, change in mental status, poor appetite, HR 110, BP 100/58. Pt states “I don’t feel well.” Doctor aware with order to “Send PT to ER for Eval.”
- **Patient sent out at 10:45pm - Saturday. Your facility doesn’t get paid that day**
- **Admitted with Pneumonia.** Started IV Fluids, IV Antibiotic. Stayed in hospital for 3 days then back to Rehab.

Solution:

- Nurse activates Telemedicine and connects Live with Physician for examination
- Peer to Peer review with PCP and recommendation as follows:
    - **Start IV Fluids NS @75cc/hr**
    - **Start IV Antibiotic**
    - **F/U labs and repeat CXR**
    - **Tylenol 650mg po xldose now**
    - **O2 @1pm via n/c**
    - **Duoneb via neb x1 now then routine**
- Resident and/or family member is notified. All procedures documented via EMR or faxed to facility within 24 hours
- This allows PCP enough time to see and evaluate the resident
- Reduced transportation cost, time spent in ER and related stress to resident, family, doctor and nurse.

- **PT able to continue therapy at current RU level: $670/day x 5 = >$3,350***

Financial & Clinical Benefits:

- Cost Efficient: Savings
    - Five (5) acute transfers per month: $3350 x 5 = **$16,750**
    - Three (3) months savings: **$50,250**
    - Six (6) months savings: **$100,500**
    - One (1) year savings: **$201,000**
- **Live physician coverage**
- **Enhance quality of care and improve nursing skills and assessment**
- **Peace of mind for the resident/family members and PCP**

Why Telemedicne?:

- Transforms old practices and leaps into the future of healthcare
- Early interventions to prevent acute transfers and reduce readmission rates
- Maintains census occupancy by keeping your beds full
- Promotes superior quality of nursing
- Reduces travel time, cost, and stress for residents and family members
- Decreases emergency room visits and hospital stays
- Improves resident and family satisfaction
- Innovative marketing tool for attracting new customers and retaining existing clients