Remote Monitoring & Chronic Care Management: A Community Health Center Model of Care

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Roanoke Chowan Community Health Center

Ahoskie Comprehensive Care

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Roanoke Chowan Community Health Center

The Evidence: RCCHC Community

Health Disparities

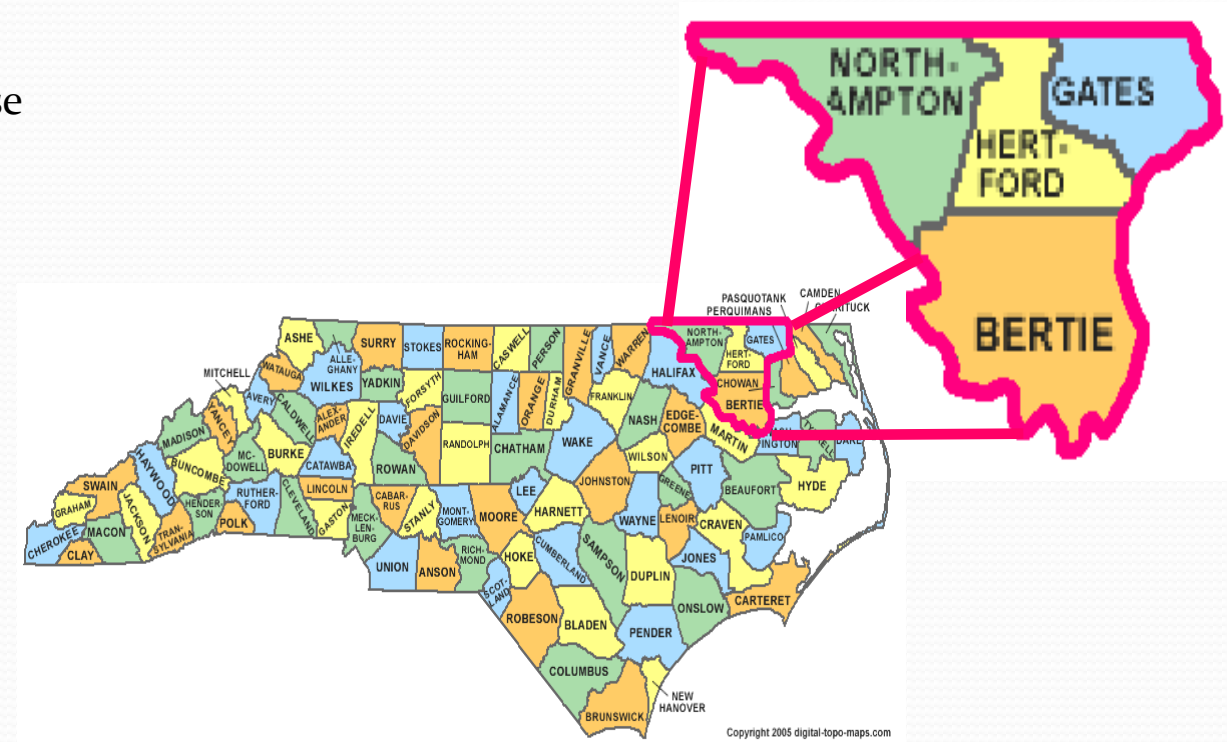
- Cardiovascular Disease
- Diabetes Mellitus
- Hypertension

Barriers to Care

- Transportation
- Economic Status
- Low health literacy

Population

- 21% uninsured
- Median income - $23,500
- 70% African American



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RCCHC RPM NC Network

NC ORH

HRSA OAT

Solid Foundations

Piedmont Health Services

Gateway Community Health Center

Ocracoke Medical Center

Wake Health Services

Roanoke Chowan Community Health Center

Kinston Community Health Center

Robeson Health Care Corporation

Greene County Health Services

Chowan Hospital

East Carolina Heart Institute

Rural Health Group

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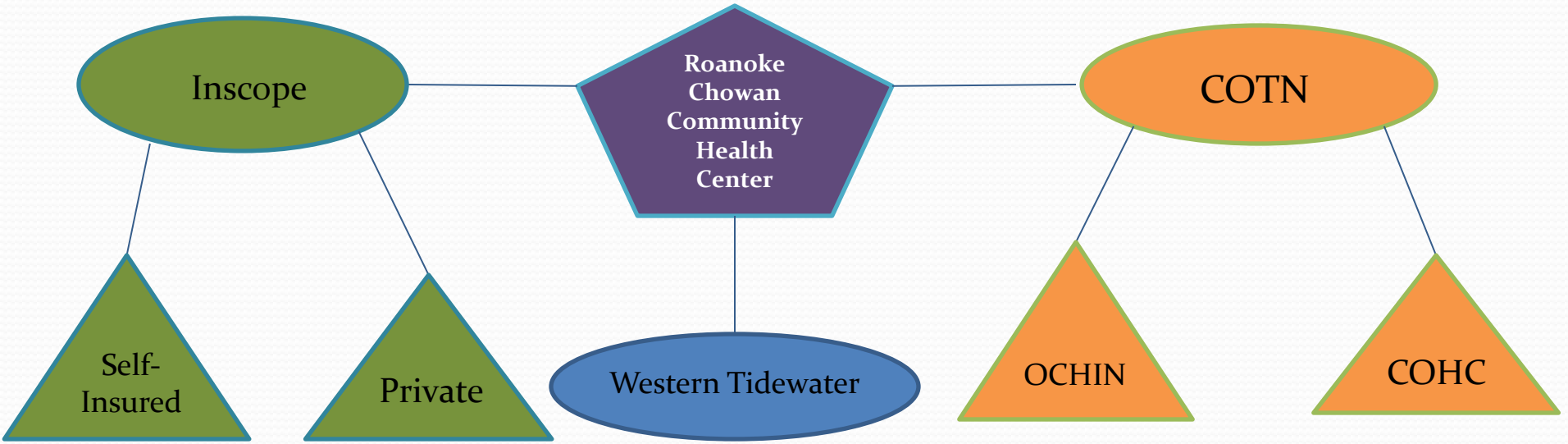
RCCHC Current Network Partners



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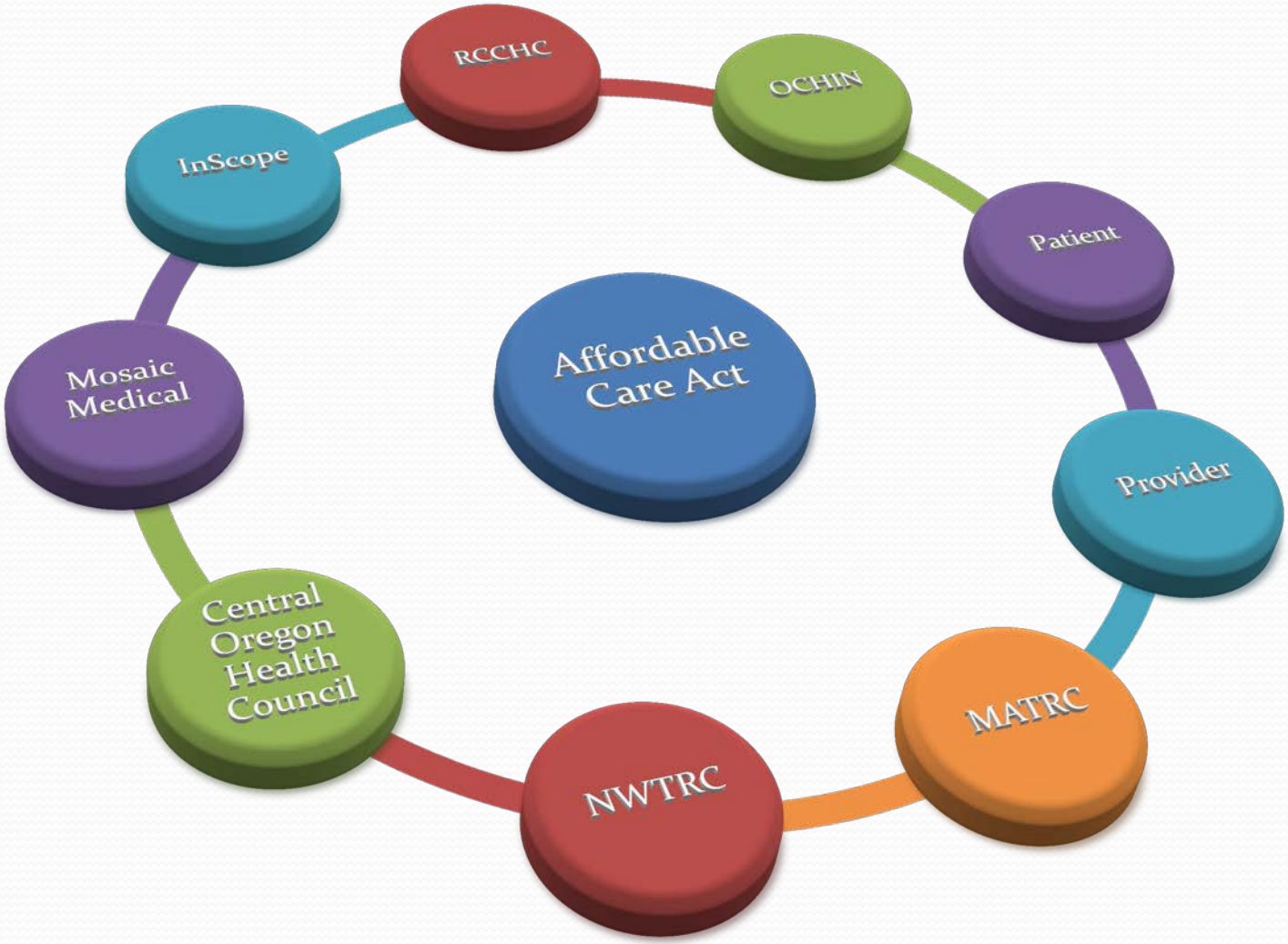
Central Oregon Telehealth Network

Funded thru HRSA Office for the Advancement of Telehealth

Grant Number: H2aRH26030-01-00

Awarded: August 14, 2013
3 year funding



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Remote Patient Monitoring Framework

Proven to improve health and enhance care by interconnecting stakeholders to increase accountability and change patient behaviors

Devices measure health data

Glucose Monitor

Blood Pressure Monitor

Weight Scale

Health data is securely transferred

Health trends are displayed on a user-friendly dashboard

Patients and family learn from seeing health trends

Nurses monitor health data and trends

Alerts are escalated to primary care provider

Patient behavior is modified through teachable moments

Enhances care. Changes behaviors. Lowers costs.

Provider and Patient Connection

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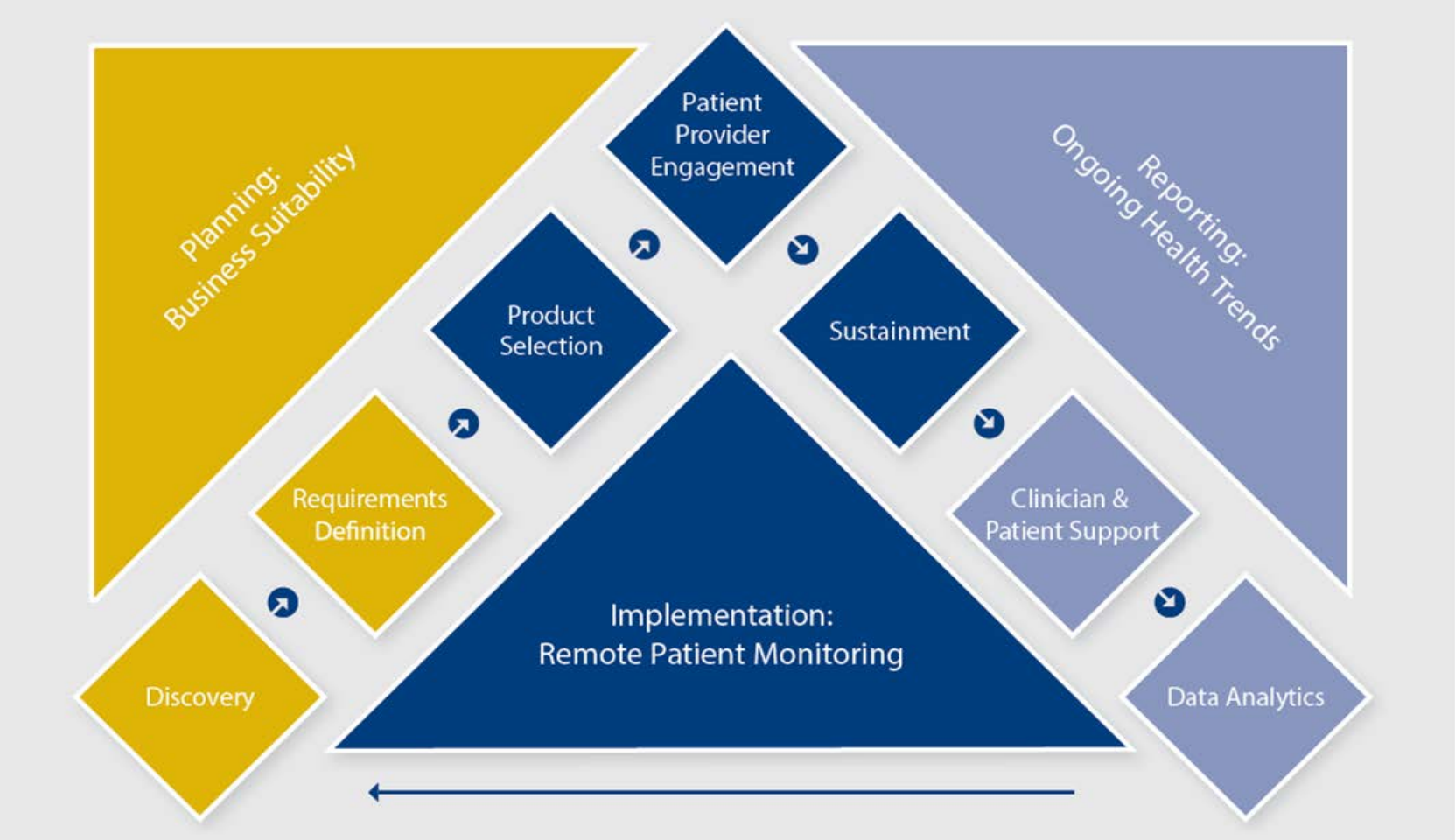
The Methodology



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What We Measure

Patient

- Satisfaction
- Patient Activation Measures Survey (PAM)
- Compliance
- Personal Cost

Clinical Indicators

- HgA1c
- LDL
- BP, Pulse
- Weight
- Blood glucose
- Oxygen saturation

Health Services Use:

- # PCP visits
- Hospital Bed Days
- Emergency Room visits
- Contact by monitoring Nurse

Medical Costs

- PCP visits costs
- Hospitalization costs
- ER visit costs

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The Results

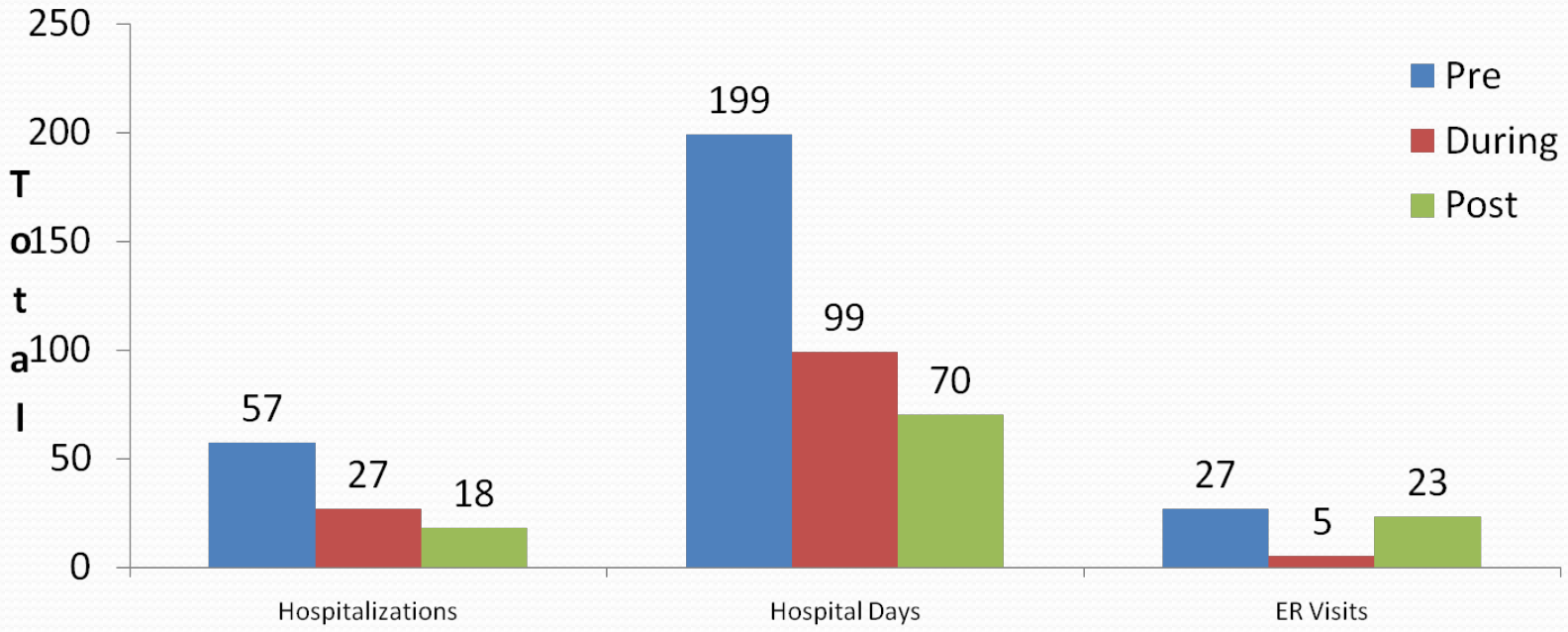
RPM cost containment validated by Wake Forest School of Medicine

64 Participants	Pre RPM 6 Months Prior to RPM	During RPM 6 Months During RPM	Post RPM Proven Long-term Results Over 3 Years
Hospital Bed Days	199	99	83% Reduction
ED Visits	27	5	79% Reduction
Hospital and ED Charges	$1.34M	$382K	87% Decrease

- Total Hospital and ED Charges for 24 months after RPM was $483,024. The cost of caring for these patients had significantly decreased

The RCCHC study demonstrates that Remote Patient Monitoring influences patient behavior which leads to persistent health benefits and cost containment

Hospitalizations, Hospital Days and Emergency Room Visits by Telehealth Status, All Participants (N=64)



Remote Patient Monitoring

Annual savings from remote monitoring could amount to as much as $10.1 Billion for U.S. Residents with congestive heart failure; $6.1 billion for patients with diabetes; and $4.9 billion for patients with COPD.

- *Wall Street Journal Report*

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What can Data do for you?

- Critical to your success is gathering, managing and analyzing data to allow us to:
  - Deploy assets effectively
  - Better understand performance and compliance data to maximize care for the population being served
  - Forecast resources and budgets to efficiently allocate resources to the needs of the populations receiving care
  - Assist clinical providers through data trends to improve the quality of care
- Data Analytics allows you to look at data in ways to address the goals of the CMS Triple Aims

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Remote Patient Monitoring

How do we pay for it?

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-Wall Street Journal Report

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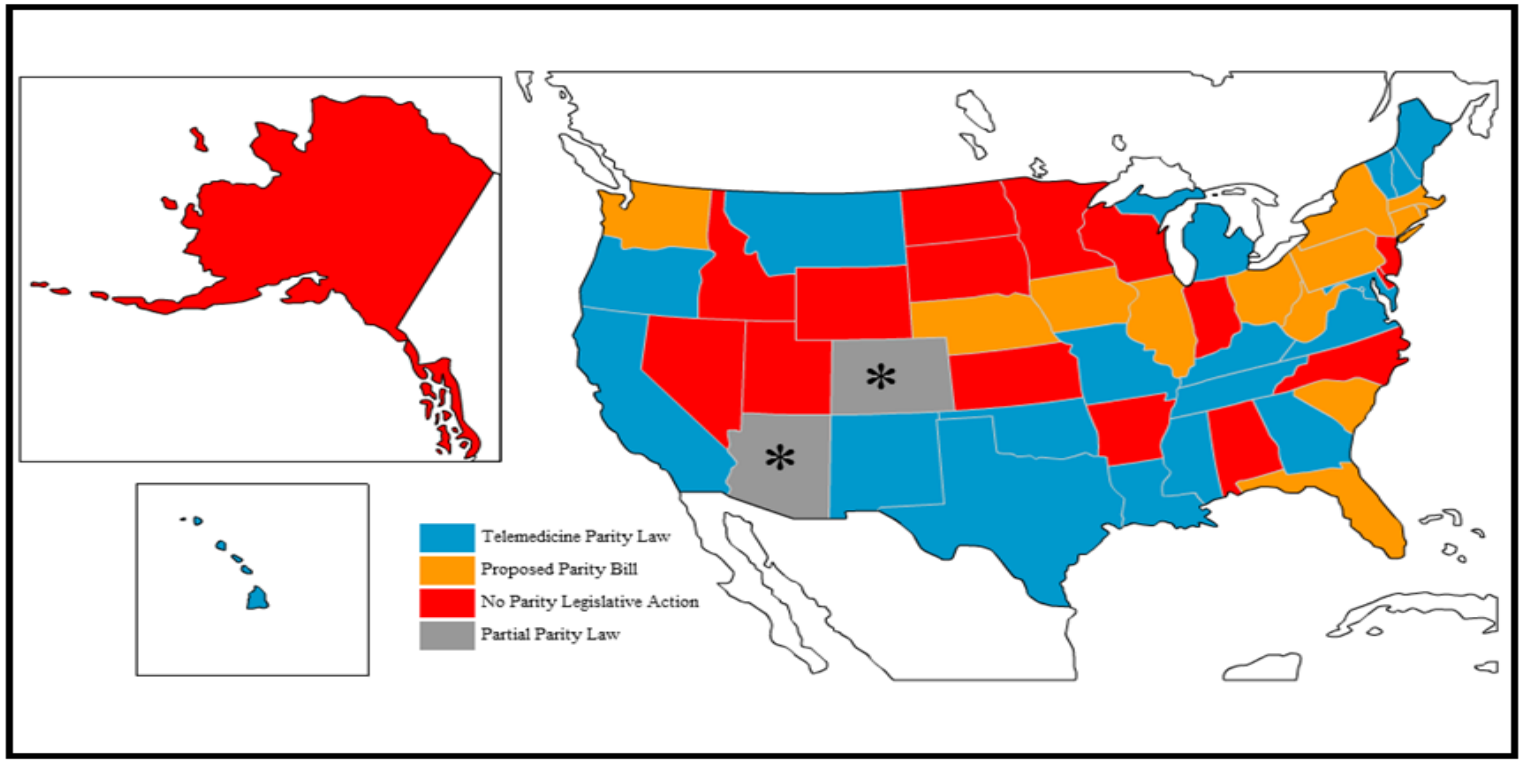
States with Parity Laws for Private Insurance Coverage of Telemedicine (2014)



States with the year of enactment: Arizona (2013)*, California (1996), Colorado (2001)*, Georgia (2006), Hawaii (1999), Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Mississippi (2013), Missouri (2013), Montana (2013), New Hampshire (2009), New Mexico (2013), Oklahoma (1997), Oregon (2009), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010) and the District of Columbia (2013)

States with proposed/pending legislation: In 2014, Connecticut, Florida, Illinois, Iowa, Massachusetts, Nebraska, New York, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee (ENACTED), Washington, and West Virginia

**No state-wide coverage. Applies to certain health services and/or rural areas only.*

*Map courtesy of the American Telemedicine Association

Emerging Trends

- Aging of Population
- Wireless
- Efficiencies
- Industry Alliances
- Cost-effectiveness
- Healthcare market emphasis on patient experience
- Increased costs
- Government pressure
- Dwindling economic resources
- Decreased healthcare staffing
- Emphasis on error reduction

Get Connected

http://video.unctv.org/video/2365018117

http://www.youtube.com/watch?v=j1K1MtuQQGY

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How can RCCHC's Mission be expanded?

Leveraging best practices of public-private partnerships (PPP)

- Linking credibility and capability to scale proven model – build upon our proven Community Health Programs
- HRSA 2013 grant awarded for the Central Oregon Telehealth Network (COTN)
  - Replicate RCCHC's program enabling primary care medical home teams to rapidly enhance the efficacy of its Patient-Centered Medical Home (PCMH)
  - Use clinical protocols via short-term remote patient monitoring interventions initially working with Mosaic Medical CHC.
  - The partnership of RCCHC, OCHIN and InScope will collectively support COTN in achieving their goals.

Delivering care via a "neutral" business and technical platform

- Vendor independence ensures right fit and best-of-breed solutions

Developing broad partnerships to cover diverse delivery needs

- Successful rural, suburban, and urban deployments require reach across FQHCs, HINs, Payers, product vendors, and data stores

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What is the Value Proposition?

PATIENT / EMPLOYEE

Fewer ED/Offices visits

Fewer hospital re-admissions

Improves overall health and quality of life

Improves provider relationship

Reduces out-of-pocket expenses

Increases accountability and healthcare IQ

PROVIDER

Real time access to patient health data

Better view into patient's lifestyle

Supports meaningful use

Reduces cost for safety net population

Improves treatment plans and outcomes

Supports Patient Center Medical Home and NCQA accreditation

EMPLOYER

Lowers healthcare cost

Improves productivity and morale

Expands wellness programs

Keeps employees on the job

Positions company as innovative and employee friendly

How we help you get started with RPM

- Define a program that works for your organization/community
- Assist with identifying funding opportunities (private and public grants)
- Developing and responding to Grants
- Program startup and delivery support

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Q&A

Establishing Innovative Partnerships

Community Care
of North Carolina

RCCHC

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