

Healthcare in Nursing Homes

Improving Care and Saving Money
Best Practices include Telehealth

Jean R. Sumner M.D. F.A.C.P.
Mercer University School of Medicine



9/20/18

Skilled Nursing Facilities in Georgia

370 Centers 145 Rural

40,616 Beds 13,543 Rural

11% Medicare

73% Medicaid

16% Other



Nursing Home Residents

85% over 65 years of age

42% over 85 years of age

66.8 female/ 33.2 male

76% non-Hispanic white

Nationally 63% Medicaid

50% Dementia as a diagnosis

49% Depression as a diagnosis

CDC/NCHS 2014



Future

Those turning 65 years and older: 2/3 will need longterm care services

Kempler, Komisar and
Alecxih 2005-2006

46% chance of spending time in a Nursing Home

Sillman and Lubitz

2002

American turning 65 today will incur \$138,000 dollars in LTC costs

Favreault and Dey 2015

Number of American turning 65 will double from 40.2 million in 2010 to 88.5 million in 2050

U.S. Census Bureau 2012

South leads the nation in the number of nursing homes and other long term care services.

CDC/NCHS 2014



Costs of Care

- Facility: Case Mix Index
- Services
 - Physician**
 - Therapy
 - Pharmacy consultation
 - Wound care
 - Hospitalizations**
- Transportation
- Pharmaceutical costs



Practice of Medicine Through Electronic Means

Rule 360-3-.07. Practice Through Electronic or Other Such Means

O.C.G.A. § 50-13-4(a)(3)(A), (B), (C) and (D).

Licenses practicing by electronic or other means will be held to the same standard of care as licenses employing more traditional in-person medical care. A failure to conform to the appropriate standard of care, whether that care is rendered in person or via electronic or other such means, may subject the licensee to disciplinary action by the Board.

Presentation of Patient

- Operate the equipment
- Can be a CNA
- Organized/ Prepared for visit
- Physician is responsible for the record keeping
- Presentation site can bill
- Physician can bill



Physician Services

Physician shortage

Many Nursing Homes employ the physicians and other providers

Medical Director intimately involved

Managed Care physicians or NPs cover huge areas by phone

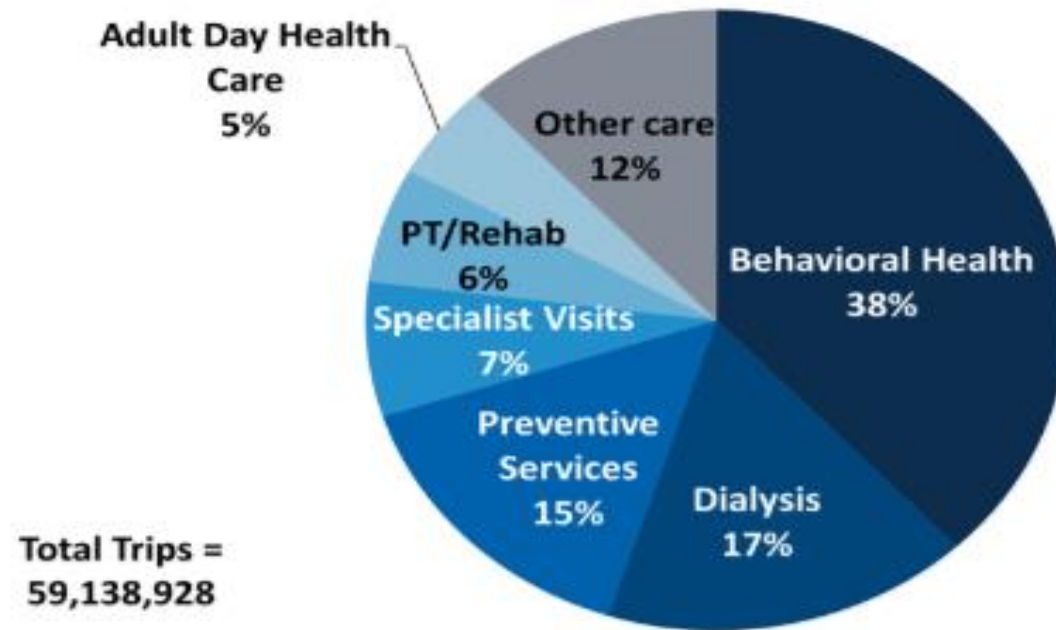


Transportation

- Cost dollars
- Cost:
 - Disruption of Routine
 - Lack of Continuity
 - Lack of Care
 - Complications



Exhibit 1: Medicaid Non-Emergency Medical Transportation Trips In 32 States, By Treatment Type (November 2015 Year-To-Date)



Source: LogistiCare Solutions, Medicaid Gross Trips by Treatment Type (November 2015) (data available for 32 states).

Discourages Using Telehealth

Incentivized Transfer:

Staffing

Hospitalization

Liability

Emergency Medical Services:

Paid to transport

Non-emergent returns



Behavioral Health Services through Electronic Means

CareNow Services:

Board Certified Psychiatrist, Psychiatric NPs, LCSWs, LPCs in rural nursing homes

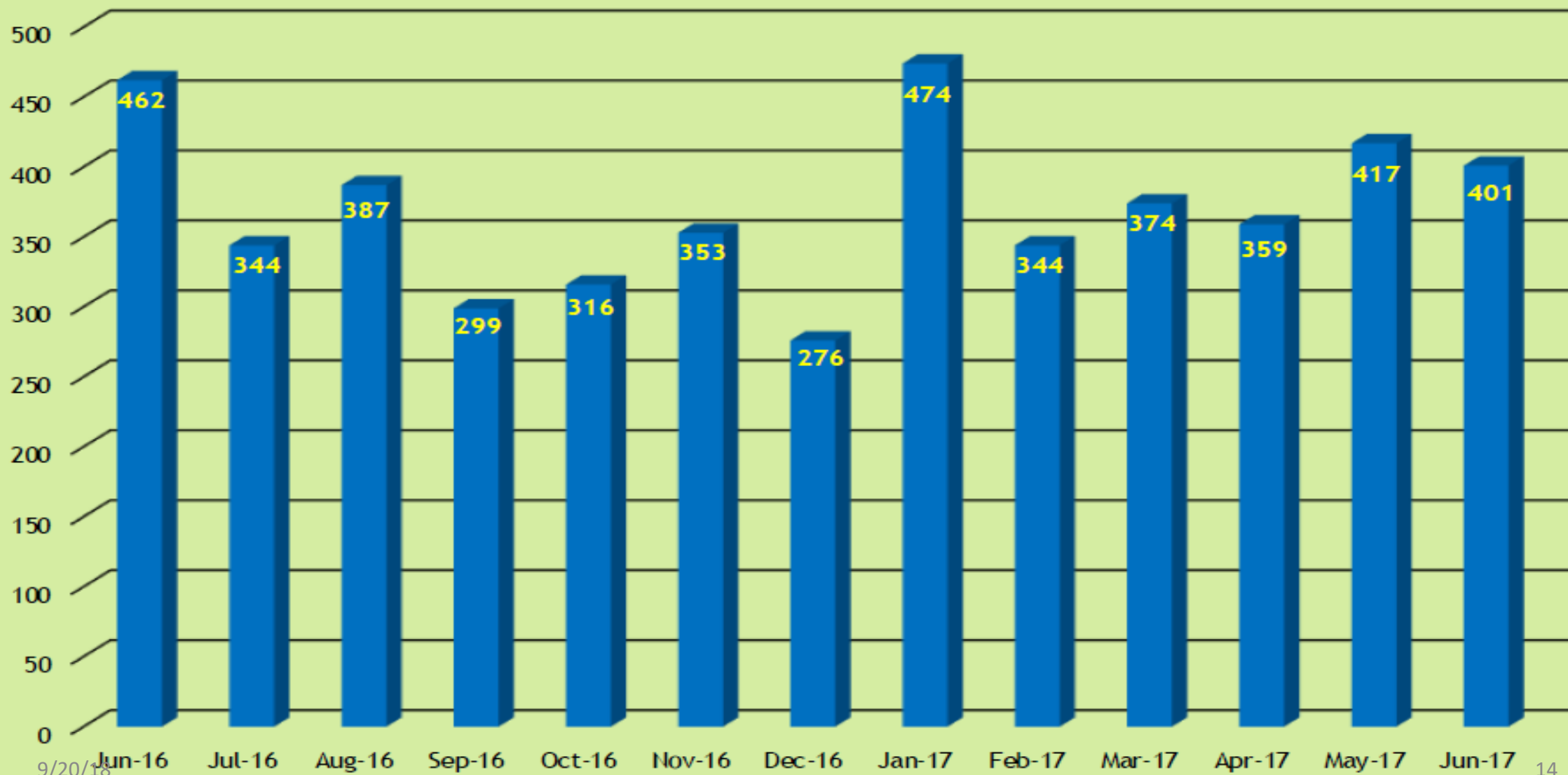
Psychiatry services which include comprehensive initial consultation, medication management, continued therapy as needed.

Crisis Management 24/7

Work with the team including families

In-service education for staff and collegial relationship with physicians

Telepsychiatry Patient Encounters CareNow Services



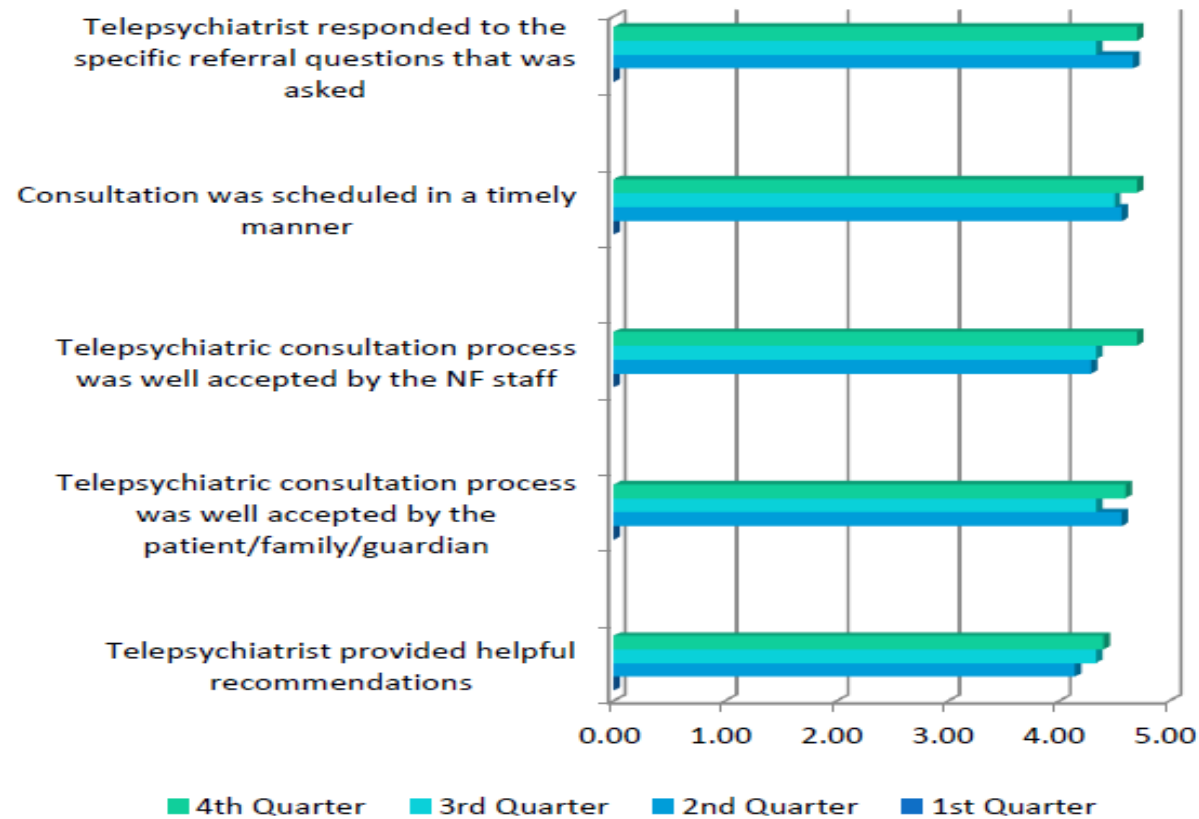
Advantages of CareNow TelePsychiatry Program

- ❖ Mental health consultation to rural nursing homes.
- ❖ No travel time or expense.
- ❖ Crisis phone calls can become full evaluations for improved outcomes.
- ❖ Lower unnecessary ER visits for high risk behaviors.
- ❖ Can complete involuntary commitments to improve milieu safety.
- ❖ Control polypharmacy and antipsychotic medication utilization.

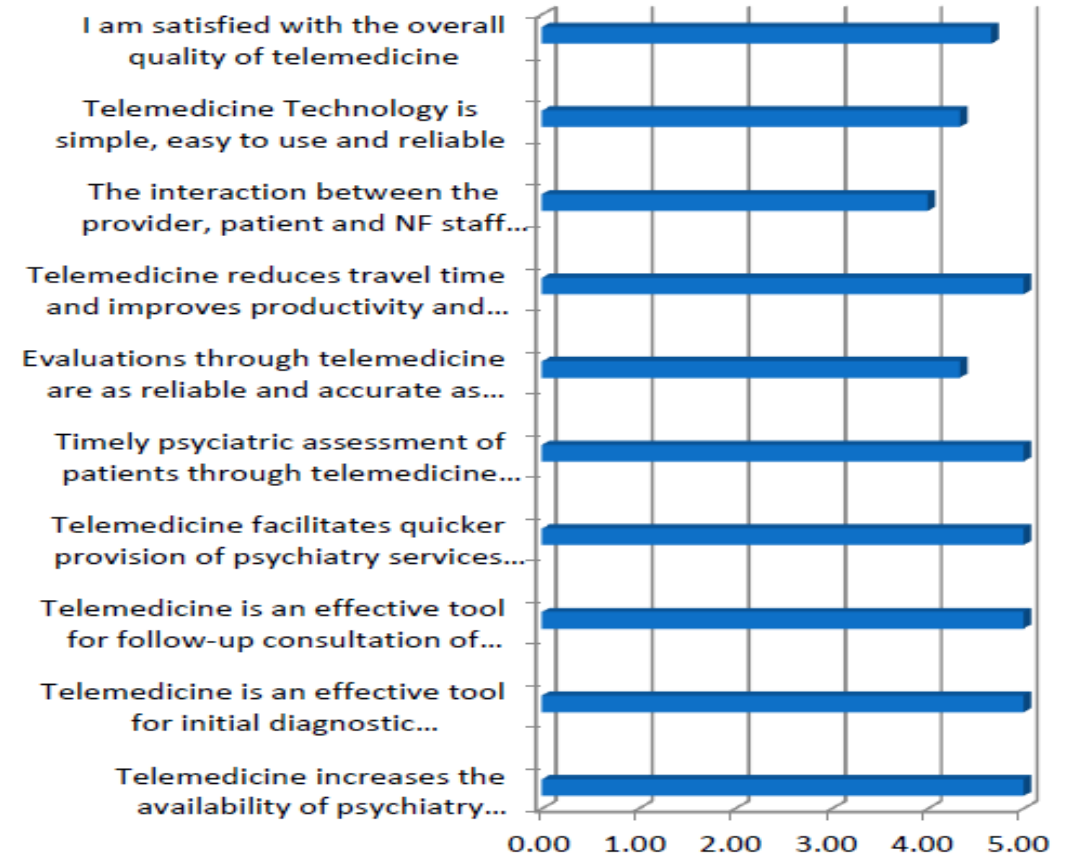
Conducted surveys with nursing facility staff and psychiatrists



Telepsychiatry processes well accepted by *nursing facilities and staff*



Psychiatrists find telemedicine is a reliable tool



LEGEND:	5.0 - Strongly Agree	4.0 - Agree	3.0 - Neutral	2.0 - Disagree	1.0 - Strongly Disagree
----------------	----------------------	-------------	---------------	----------------	-------------------------

Attending Physician Services

- Immediate evaluation on admission
- Prompt post hospital follow up
- Effective call coverage
- Consultation with families
- Consultation with physical therapy
- Ophthalmology evaluations
- Wound care
- Evaluation before ER transfer



Revenue Opportunities

Family Visits

Ombudsman Visits

Special Events:

Church Services

Graduations

Weddings

Urgent Care in
Underserved Communities



Summary

Authorize a high quality study of cost savings of telehealth vs no telehealth homes

Give enhanced Case Mix Index for substantial use of telehealth that results in decreased ER, hospitalization and transfer

Recognize physicians and homes that have low re-hospitalization rates

Recognize homes that use telehealth for specialty consultations and pre-op and post-op follow up

Incentivize appropriate transfer by restructuring EMS payment

