IN-HOME TELEMONITORING: A HEALTHIER KENTUCKY AT LESS COST

THE PROBLEM

According to "America's Health Rankings," Kentucky is ranked near the bottom in several key health indicators. **The Commonwealth ranks 50th in Preventable Hospitalizations and Cancer Deaths, 49th in Smoking, 46th in Adult Obesity, 43rd in Cardiovascular Deaths, and 33rd in Adult Diabetes**. Overall, Kentucky ranks 47th in the nation in health.[i]

A SOLUTION: IN-HOME TELEMONITORING

In-home telemonitoring (or, remote patient monitoring) involves the deployment of easy-to-use technologies that help patients and physicians track conditions at home. Once tracked, the information is securely relayed to a health care professional in another location to provide assessment and treatment.

What are the Benefits of In-home Telemonitoring?

1. **Early Detection. By enabling doctors/nurses to monitor patients remotely, slowly developing conditions can be detected and treated before they become serious and require costly hospital admissions.**[ii,iii]

2. **Decreased Utilization.** The Dept. of Veterans Affairs (VA) has extensively studied the use of in-home telemonitoring to care for veteran patients with chronic conditions. The results showed dramatic decreases in service utilization (see table).[iv]

3. **Lower Readmissions.** Countless studies have demonstrated dramatic reductions in hospital readmissions and emergency room visits.

VA Telemonitoring Study: Rapid Reductions in Utilization		
Condition	# of Patients	% Decrease in Utilization
Diabetes	8954	**20.4**
Hypertension	7447	**30.3**
CHF	4089	**25.9**
COPD	4089	**25.9**
PTSD	129	**45.1**
Depression	337	**56.4**
Other Mental Condition	653	**40.9**
Single Condition	10885	**24.8**
Multiple Conditions	6140	**26.0**

- For example, one NY study saw **hospitalizations drop by 55% and emergency visits by 29%.**[v]
- **An IN program used telemonitoring to lower hospital readmissions for patients with CHF and COPD to just 3%–down from the national average of 20%.** The greatest success story was a patient with 9 chronic conditions and 11 admissions in the previous year (total cost=$156,000) who stayed out of the hospital during the entire 7-month program.[vi]

4. **Lower Cost.** Reductions in hospital admissions and utilization inevitably lead to lower costs. For example, St. Vincent Health System in PA used in-home telemonitoring to reduce readmissions in all 26 of its facilities, **netting a 100 percent return on investment in just two months**.[vii]

5. **Rural Access.** Telemonitoring helps connect health care providers to patients in rural America. Last fall, the University of Mississippi Center for Telehealth launched a successful pilot to manage 200 uncontrolled diabetics in rural parts of the state through aggressive in-home telemonitoring and intervention. All enrolled patients reported their disease was under control for the first time, they have lost weight, and are feeling better.[viii]

STATE COVERAGE OF IN-HOME TELEMONITORING

Currently, **18 states provide coverage for in-home telemonitoring services** (see below):[ix]

- Alabama
- Alaska
- Colorado
- Illinois
- Indiana
- Kansas
- Louisiana
- Maine
- Minnesota
- Mississippi
- New York
- Pennsylvania
- South Carolina
- South Dakota
- Texas
- Utah
- Vermont
- Washington

■ Medicaid Coverage

■ Reimbursement through Dept. of Aging
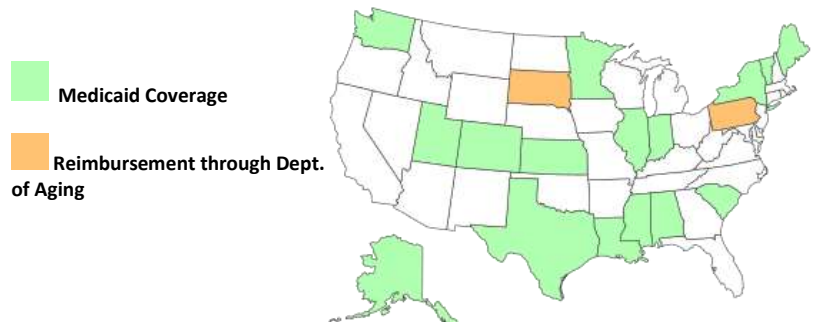
(See footnotes on reverse side).

[i] Kentucky Cabinet for Health and Family Services, Office of Health Policy, "SIM Design Stakeholder Kickoff Meeting Presentation." Mar. 17, 2015, citing United Health Foundation, "America's Health Rankings 2014." http://www.americashealthrankings.org/KY.

[ii] Jonathan D. Rockoff, *Wall Street Journal*, "Remote Patient Monitoring Lets Doctors Spot Trouble Early," Feb. 16, 2015.

[iii] *The Beat,* "Innovative Home Monitoring Initiative Reaches 1,000-Patient Milestone," The University of Ottawa Heart Institute, Feb. 18, 2011.

[iv] Adam Darkins, The Department of Veterans Affairs, "Care Coordination/Home Telehealth to Support the Care of Veteran Patients with Chronic Conditions," The National Medicare Readmissions Summit, Jun. 1-2, 2009.

[v] Home Care Association of New York State, "Home Telehealth: Enhancing Care, Saving Costs." Eddy VNA Study, 2010.

[vi] Dan Bowman, *FierceHealthIT*, "Remote monitoring helps Beacon community slash readmissions." Sept. 12, 2012.

[vii] Ken Terry, *FierceHealthIT*, "Telehealth cuts readmission rates, earns system a speedy return on investment." May 23, 2012.

[viii] Dr. Kristi Henderson, University of Mississippi Medical Center (UMMC) Center for Telehealth, Testimony before the US Senate Committee on Commerce, Science, and Transportation, Apr. 21, 2015.

[ix] Center for Connected Health Policy, *State Telehealth Laws and Medicaid Program Policies*, July 2015. http://cchpca.org/sites/default/files/resources/STATE%20TELEHEALTH%20POLICIES%20AND%20REIMBURSEMENT%20REPORT%20FINAL%20JULY%202015.pdf.