Building Sustainable Programs: Lessons Learned from the Telehomecare Program

June 9, 2014
Agenda

- Telehomecare Overview (THC)
- Lessons Learned
- Panel Discussion
Telehomecare Video
Telehomecare Overview

- Submits vitals/health responses
- Weekly health coaching
- Weekday feeds and alerts
- Tablet
- BP cuff
- Pulse oximeter
- Scale
How Does It Work?

Once the patient has been enrolled, she will be monitored and provided with self-management coaching sessions. Timely communication with MRP and Circle of Care is critical to success.
Telehomecare in Ontario - Over 2500 patients enrolled!

Five LHINs are Currently Live:
- 5. Central West (Osler)
- 7. Toronto Central (CCAC)
- 8. Central (SSNYR & NY via SouthLake & CCAC)
- 13. North East (CCAC)
- 14. North West (TB via CCAC)

Two LHINs Start in June:
- 1. Erie St. Clair (CCAC)
- 12. North Simcoe Muskoka (CCAC)

Other LHINs in the Planning Stage:
- 2. South West ....
Telehomecare Expansion Plans

- **Expanded Chronic Disease Support**
  - A diabetes pilot was launched in May to support existing CHF and COPD patients that have diabetes as a comorbidity
  - Palliative, Mental Health, Post-Acute, Step-down...

- **Continual Technology Enhancements**
  - An in-home video pilot for telehomecare patients will be introduced in late May
  - Cellular connectivity pilot underway
  - Mobile technologies ...

- **Continuous Quality Improvement**
  - Clinical Expertise - goal is to be recognized as a clinical leader in virtual homecare for chronic disease (e.g. BPSO candidate – Yr 2 of 3)
  - Quality Framework being implemented to standardize quality and to implement efficiencies

- **Health System Integration**
  - Physician EMR, CHRIS and Hospital System integration in development
  - HealthLinks, HQO, QBP, OLA, CCN...
Evidence

“Telehomecare “ is very heterogeneous and definition must be carefully considered when examining evidence; RCT’s are difficult to conduct

Clear evidence in reduction of ED visits, inpatient visits, LOS, mortality rates and high patient satisfaction

ROI is an important consideration

Evidence to date:

- **International:**
  - NHS in UK – 43% reduction in mortality rate
  - Veterans Administration in the US – up to 140,000 patients annually (up from 70,000 a year ago) and largest initiative in the world

- **Local** (Preliminary):
  - Phase 1 Pilot (Price Waterhouse)
  - Central West – 43% reduction in ED visits, 71% reduction in IP
  - Toronto Central - 48% reduction in ED and IP visits

- **More Coming...**
  - The MOHLTC has contracted with THETA (a University of Toronto program) to conduct a program evaluation
Lessons Learned to Date...

- **Make it important – Build Awareness & Buy In**
  - Public and Patients
  - LHIN
  - Doctors and referring organizations

- **Make it Easy**
  - To set up a new Host
  - To identify the right patients
  - To refer patients

- **Demonstrate Results/Value**
  - Learn from experience
  - Set realistic expectations
  - Embed Quality
  - Evaluate and Report
Panel Discussion

- **Margery Konan** is a Senior Consultant with the Toronto Central LHIN, responsible for the chronic disease management portfolio, including telehomecare and telemedicine initiatives.

- **Aminata Banya** is a Telehomecare nurse at TC CCAC responsible for enrolling clients with COPD and CHF and helping them manage their disease at home through remote monitoring and health coaching.

- **Charmaine Burke** is Engagement and Implementation Lead, William Osler Health System with the Central West LHIN, responsible for increasing awareness and regional engagement in the program for acute care, primary care providers and other health service providers.

- **Josie Barbita** is the Director of Professional Practice with the Toronto Central CCAC, responsible for its Interprofessional Specialty team as well as the direct nursing programs including the Telehomecare and Rapid Response Nursing Programs.
Questions?

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Acute IP & ED Activity Before & After 1st Telehomecare Visit
WOHS & HHCC Data to May 31, 2014

Before 1st Telehomecare Visit
- 1.04 inpatient episodes per patient
  Avg LOS = 7.56 days
- 1.77 ED visits per patient

After 1st Telehomecare Visit
- 0.56 inpatient episodes per patient
  Avg LOS = 8.58 days
- 1.10 ED visits per patient

330 unique patients enrolled in THC for more than 5 months as of May 31, 2014
TeleHomeCare – Patient Enrollment

As of March/14, 907 clients were enrolled in the program
Reducing the number of visits to the Emergency Department and the number of hospital admissions...

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<thead>
<tr>
<th>Clients with ED Visits</th>
<th>Clients with Hospital Admissions</th>
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<tbody>
<tr>
<td><strong>Prior to THC program</strong></td>
<td><strong>While on THC program</strong></td>
</tr>
<tr>
<td>342</td>
<td>165</td>
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<tr>
<td>201</td>
<td>105</td>
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<td>250</td>
<td>132</td>
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<td>184</td>
<td>96</td>
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**THC Clients as of Oct. 31/13 = 422**
The THC nurse understood what was most important to me

98% agreed that the THC Nurses understood what was important to them.
Would you recommend the THC program to others?

Responses

87% of patients would definitely recommend the program to others

“Helped to have someone to talk to”

“Nurses were nice and caring, nurses were excellent”

“Makes the family feel better”
What was the most important thing you learned from the THC program?

• **Self Management**
  – How to monitor blood pressure and oxygen levels
  – Helped me to understand vital signs
  – To pay more attention to myself
  – How to watch for symptoms and understand what’s happening

• **Medication Management**
  – How to take medications
  – Understanding my medications