

Sharp HealthCare

Reducing CHF Readmissions – Remote Patient Monitoring Program



- Not-for-profit Integrated Delivery System
Largest health care system in San Diego
- 4 Acute Care Hospitals
 - 3 Specialty Hospitals
 - 2 Affiliated Medical Groups
 - Health Plan & 3 Philanthropic Foundations
 - Full range of programs and services
- Largest private employer in San Diego
- 14,000 Employees
 - 2,600 Affiliated Physicians
 - 2,000 Volunteers

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Center for Technology and Aging Remote Patient Monitoring Grant

Cardiacom - Patient Management Products

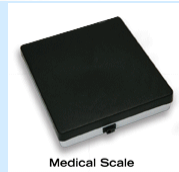
Telescale:

Transmits data
using patient's
land line



Commander Cellular with Medical Scale:

Uses integrated
cellular modem
and uses GPRS
technology to
transmit data



Medical Scale

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Adoption Barriers:

- Balancing high demand for program resources with targeted patient selection
Remain focused on patients that this program can serve, particularly when clinicians refer patients that need more resources
- Our target patient population (under funded/served) does not always have a primary care or specialty physician
Established relationships with community clinics and ED on call panel physicians
- Patients without a telephone land line were initially excluded
Sought funding to support more expensive cellular technology to enroll these patients

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Adoption Facilitators:

- Health Coach as program coordinator/facilitator
Patient establishes a relationship with someone whom they trust is helping them stay well managed at home
- Referral process from hospital staff
Physicians, nurses and case managers are knowledgeable about program and empowered to make referrals
- Home visit as key piece of the "transitions intervention"
Opportunity to address psychosocial issues as well as management of chronic disease and usage of the device

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Lessons Learned:

- Time invested in recruitment of staff resources is time well spent
Our model requires coordinator to do marketing, patient recruitment and patient care – not every RN wants to wear all of these hats
- Program can't help every patient
Patient selection criteria has to be very specific (inclusion and exclusion criteria) and strictly adhered to for effectiveness
- Cellular/mobile health products are required to meet needs to patients
Many patients do not have telephone land lines for wired devices and some patients need a device that they can take with them as they move from one caregiver to another

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Begin admissions date 18 December 2010
End admissions date 19 August 2011

Enrollment statistics

Active:	6	Age range of patients 26 -92
Dis-enrolled:	15	Surgery, SNF, Request, Death, Left town, Worsening CHF, Hospice

Graduated: 59

Total Patients: 80*

**Reached enrollment goal of 80 patients
Last patient admitted to program 8/19/11*

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30-Day Readmissions: Results for patients enrolled for at least 30 days (Sharp's Baseline: @ 20%)

Dis-enrolled:	3/15	20%
Active:	0/6	0%
Completed 90 day program	4/59	6.7%
Total	7/80	8.75%

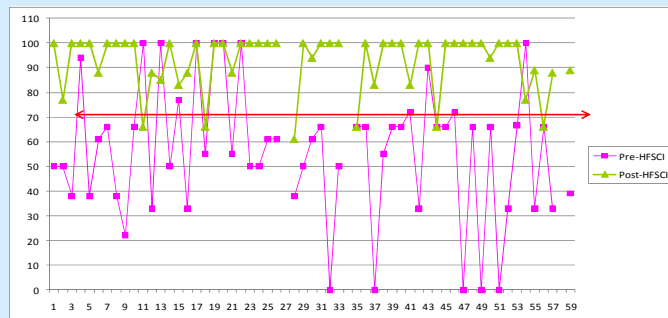
30-day readmission rate for active and those who completed 90 day program is 4/65 6.15%

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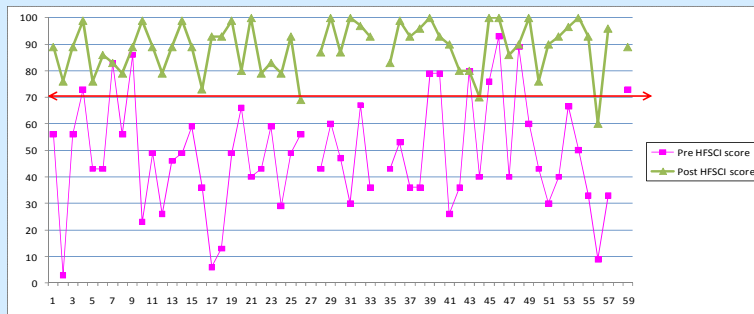
The intervention of technology (tele-health scale), coaching and education increases confidence in ability to manage heart failure by 90% in those who complete the program. 3 patients have not responded to questionnaire.

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**Patient scores above 70% - indicative of self activation.
94.6% of patients scored above 70% in their patient activation
score for heart failure management.
3 patients have not responded to questionnaire.**

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