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

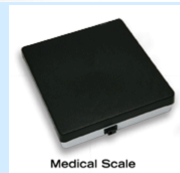
Cardiocom - Patient Management Products

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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Reducing CHF Readmissions –

Remote Patient Monitoring Program

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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Reducing CHF Readmissions –

Remote Patient Monitoring Program

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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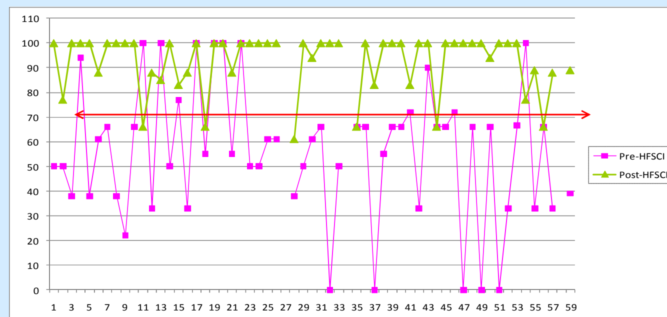

The intervention of technology (tele-health scale), coaching and education increases confidence in ability to manage heart failure by 90% in those who complete the program.
3 patients have not responded to questionnaire.

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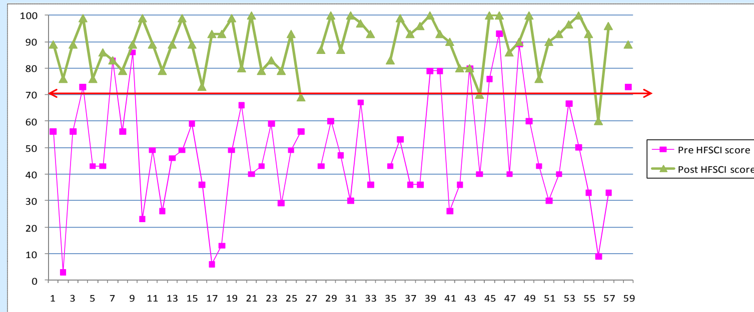

Patient scores above 70% - indicative of self activation.
94.6% of patients scored above 70% in their patient activation score for heart failure management.
3 patients have not responded to questionnaire.