

Windsor Place At-Home Care



House of Representatives
Standing Committee on Vision 2020
04 February 2015

* Home Is Where The Health Is *



- Windsor Place is a long-term care company located in Coffeyville.

The continuum of long-term care operations include:

- A Home Care Agency serving over 1,400 clients
- 2 Assisted Living Facilities, and
- 2 Skilled Nursing Facilities

In addition to these core services, additional services provided to aged and disabled clients involve:

- * Transportation programs
- * Outpatient Therapy
- * 2 Monthly Support Groups
- * The Age to Age Kindergarten Classroom (only second such project in the nation)
- * Adult Day Care
- * Respite Care
- * Weekend Meals on Wheels

Statistics – Chronic Disease conditions

- Nearly 1 in 2 Americans (133 million) has a chronic condition
Chronic Care in America: A 21st Century Challenge, a study of the Robert Wood Johnson foundation & Partnership for Solutions: Johns Hopkins University, Baltimore, MD for the Robert Wood Johnson Foundation (September 2004 Update). "Chronic Conditions: Making the Case for Ongoing Care".
- The number of Americans affected by chronic illnesses is projected to increase by more than one percent per year by 2030, resulting in an estimated chronically ill population of 171 million. ***Chronic Care in America***
- More than 75% of all health care costs are due to chronic conditions ***Centers for Disease Control and Prevention "The Power to Prevent, The Call to Control (2009)***
- About 75 percent of people 65 and older have two or more chronic conditions, which significantly affect their health and well being. ***www.nia.nih.gov September 30, 2013***

Kansas Current LTC Services

Nursing Facilities

HCBS

Medical / Clinical Care	RN's LPN's	VOID — Previously Now- Telehealth
ADL and Personal Care	CNA's RA's Other Staff	Attendant Care Workers Homemaker Staff
Social Needs	Activity Directors Social Workers	Companion Services (Ended December 2009)



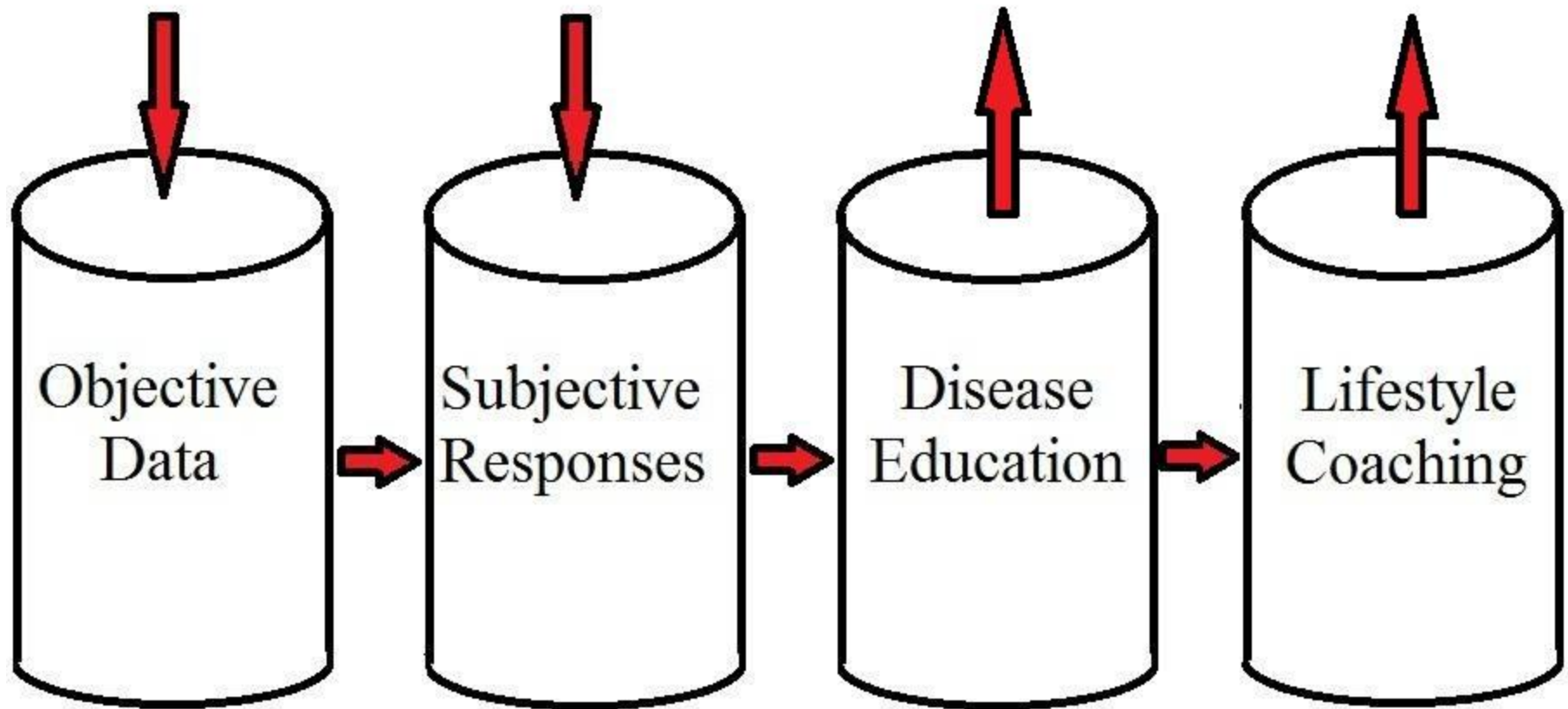
In 2006, Windsor Place met with and proposed to Kansas Department on Aging Secretary Greenlee and her staff the application of Home Telehealth and remote monitoring for the purpose of managing chronic diseases more effectively in the home.

In February 2007, a KDOA grant funded our Telehealth Pilot Project. University of Kansas Medical Center contracted with KDOA to provide the research component of the project. On August 1, 2007, the pilot program was operational. Extremely promising results were realized during the pilot's first year.

Three extensions of this grant were awarded in 2008, 2009 and 2010. Results continue to be quite exciting in this paradigm shift.

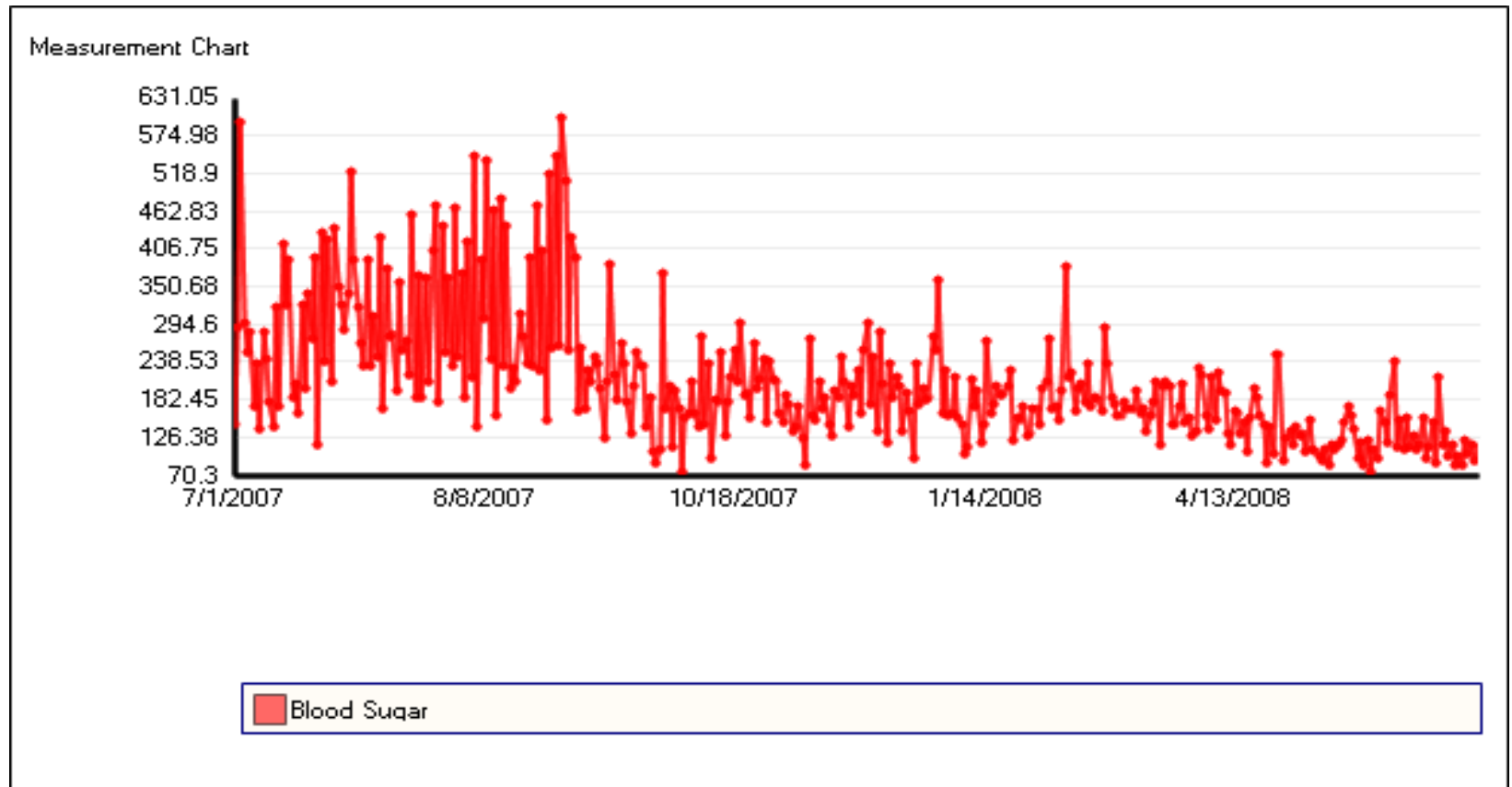
On October 1, 2011, telehealth became a covered service for the FE waiver.

Windsor Place's Approach to Telehealth Services.....



.....leading to increased self-management capacity.

Mary's Glucose Measurements



Excerpts from KUMC's Year 3 Telehealth Pilot Report

Utilization and Costs — By the end of the third year, all six original variables were statistically different between baseline and intervention periods across the three years (Table 1). These data mean that there is likely an effect of the telehealth intervention on the HCBS/FE study participants' use of health care services and the associated CMS costs.

Variable	Rate of Change	Significant Change?	p-value*
Hospital Visits	↓ by 38% per day	Yes	.0000
Hospital Days	↓ .028day/day or 10.23/year	Yes	.0014
Hospital Costs	↓ \$72/day or \$26,298/year	Yes	.0024
E.D. Visits	↓ by 67% per day	Yes	.0290
E.D. Costs	↓ \$21.10 per day**	Yes	.0300
Total Costs	↓ \$73/day or \$26,663/year	Yes	.0004

Table 1: Comparison of baseline and intervention mean rates of pilot variables.

*Probability at the .05 level

**For Year 3 participants only. Year 1 and 2 participants were not different from baseline.

Participant Perceptions

HCBS/FE participants' perceptions of the intervention were positive during all three years of study.

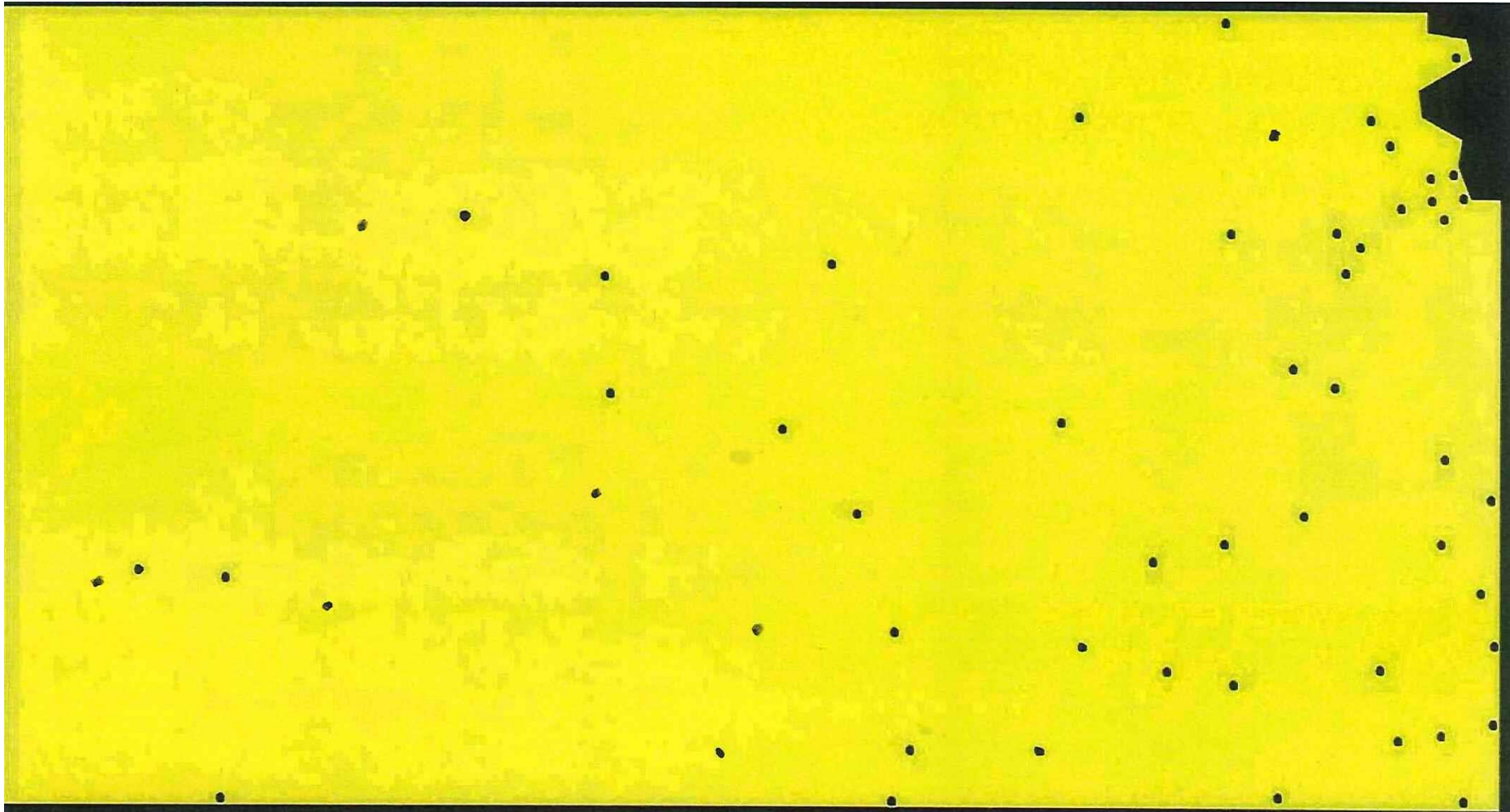
Discussion

- The results of this home telehealth pilot project demonstrated that home telehealth intervention reduced the rate of emergency department utilization, inpatient hospitalizations and the associated Medicare costs for HCBS/FE clients. The cost savings of a hospitalization alone (\$26,298 per patient annually) are substantial.
- In addition, the annual rate of nursing home placement during the three-year period was lower than the observed rate for all Kansas HCBS/FE clients. Patient perceptions of the intervention remained positive and stable over time.
- As with any pilot study, this pilot served its intended purpose of determining whether further study is warranted and what methodological issues should be revised. Specifically, this project yielded a number of positive findings that indicate the effectiveness of home telehealth for HCBS/FE clients and a number of lessons learned.

HCBS-FE Impacts

- During the past 20 months, only 3 HCBS-FE telehealth participants were admitted to nursing facilities. This is an annual rate of 1% compared to the historical admission rate of 6-8 %
- During the three year pilot study the telehealth participants who were admitted to the nursing facility, had an average length of stay of only ten months, compared to two year average length of stay for other Medicaid nursing residents. A 58% reduction in length of stay.

Locations of Current Telehealth Clients



KanCare Telehealth Utilization by HCBS-Frail Elderly (FE) consumers as of 11/10/14

- Currently 143 HCBS-FE consumers are receiving remote patient monitoring for their chronic disease conditions
- This accounts for 3.5% of the non-institutionalized HCBS-FE consumers
- Remember research says 75% of this cohort has 2 or more chronic disease conditions.

Current Expansion Efforts

- 1 Pilot project with United Healthcare- 50 Consumers on the HCBS – Physical Disabled Waiver
- 2 Pilot project with United Healthcare – 25 Medicaid Consumers in the Aged, Blind, and Disabled category.
- 3 Money Follows the Person project with United Healthcare which would support nursing facility residents transition back to the community setting.
- 4 Discussions with KU's Center of Design Research about collaboration on their WellCar project

Identified KanCare Opportunities

- 1 Remote monitoring Telehealth should be a covered service for the HCBS – PD population.
- 2 Remote Monitoring Telehealth should be a covered service for the Aged, Blind, and Disabled Medicaid population.
- 3 A more coordinated, cohesive approach and execution of the Money Follows the Person program to shift utilization from institutional to community based settings.

Contact Information

Monte Coffman

Executive Director

Voice: (620)252-4926

Fax: (620)251-5029

Email: m.coffman@windsorplace.net

2921 W 1st Street

Coffeyville, KS 67337

www.windsorplace.net