



Testimony to the Clinical Operations Working Group, Health IT Standards Committee. This testimony was provided on March 28, 2011, at the request of the committee by Karen R. Thomas, BS, MBA, CMA, President of Advanced TeleHealth Solutions, a telemonitoring company, and Oxford HealthCare, a home health agency.

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Thank you for the opportunity to provide testimony on this important topic. I represent Advanced Telehealth Solutions, and Oxford HealthCare. Oxford HealthCare is a home care company established in 1974 where telehealth has been successfully used since 2002. Recently, due to the increased demand for telehealth services, the new company, Advanced TeleHealth Solutions, was established to focus on remote patient monitoring services. We are an active member of the National Association of Home Care serving on the board and Home Care Technology Association of America advisory board.

My testimony respectfully requests that the committee include device standards for home health technology within the committee's scope of work. My goal is to demonstrate the value of home health technology and why the total health care delivery system would benefit from home health's involvement in standards development.

The home health industry has adopted the use of Electronic Medical Records (EMRs), telehealth, and remote patient monitoring (RPM) over the last 10 years. Based on data supplied by the National Association of Home Care 65% of home health agencies are using EMRs and 64.9% of home health agencies have adopted POCs (Point of Care systems). Remote patient monitoring (RPM) has been adopted by 23% of home health agencies.

RPM monitors vital signs, heart rate, pulse, blood pressure, weight, pulse ox, PT/INR, lung function, and glucose levels of patients in their home. The data is transmitted to the home health monitoring location where the information is triaged, clinical interventions when necessary, and information communicated to attending physicians as specified by the individual physician.

This adoption of technology demonstrates that home health is a sophisticated component of the health care delivery system. Home care couples this technical sophistication with an in-depth knowledge of the diversified home environment.

Whether the care for the patient is related to the current Medicare episode guideline of 60 days or the future management of the chronically ill, RPM and other home based technology allows the home health agency to provide cost efficient and effective daily oversight. RPM allows for timely clinical intervention rather than clinical visits based on a calendar schedule. The RPM provides an extension of the physician/hospital oversight that is not otherwise available, and provides an additional data bank of pertinent information regarding the patients' condition.

Data integrity and accuracy

The development of device standards will insure data accuracy and integrity, allowing the data to be shared and utilized effectively to manage the care in the home setting and support the meaningful use goal of reduced hospitalizations.

RPM data is shared with the patient's physician and is often the basis for clinical decisions regarding the patient's care. The use of the data often eliminates the need for an additional office visit, hospitalization, or emergent care visit. This data must be accurate and reliable and should be easily communicated.

Question - What is your experience with health care devices and device interoperability? Have you experienced specific problems where standards might contribute to solutions?

Mapping of data to share information is done on an individual basis based on the technology providers. The establishment of each interface is both time consuming and expensive, adding to the cost of providing care.

Data integrity and interoperability is important to home care and the partnerships home care has established with hospitals and physicians. Standardization will assist in the communication and data sharing, thus generating more favorable outcomes for the

patient. The patients requiring home care are typically the higher acuity patients who are at the highest risk for re-hospitalization.

Question - What do you see as key barriers to effective use of health care devices to advance health and wellness?

Information should not be viewed as 'one way' communication to the EMR. Information should be available to home health providers caring for patients in their home environment. And in turn, the information gathered in the home setting, where patients are most comfortable, should be available to the attending physicians. Based on one home health episode alone, the home health provider using RPM will have up to 60 days of data compared to the data gathered in the hospital setting with an average length of stay of approximately 5 days.

Examples of vital information needed to care for the patient once they are discharged from the hospital: prescribed medications, relevant clinical issues occurring during the hospital stay, allergies, medical device placements, and adverse reactions.

Question - If you could wave a magic wand to effect one change to enable more effective and widespread use of health care devices, what would that be?

That data would be standardized across the complete continuum of care, communication would be seamless, and data would be available to all providers that are caring for the patient.

Reimbursement or incentives should be aligned with the goals of data standardization, cost effective care, and reduction of hospital readmissions across all providers including home health. Seamless data sharing and communication will encourage coordination of care.

Question - What are the differences and similarities for patient-collected data vs. provider-collected data?

There are similarities in the measurements obtained from the RPM device in the home to provider measurements. The patient is taught to properly take their vitals signs, or the patient is normally required to have a caregiver that can assist if the patient is unable to perform the readings. Any issues with a reading can be observed with proper monitoring due to the collection of the trend data.

Obviously, there is not a clinician in the home each time the vital signs are submitted for observations purposes. Should an issue present itself and identified through monitoring of the trends, the home health agencies are able to send a clinician to the home.

A key advantage of RPM is the assessment of the patient in their day to day living environment, compared to the restricted setting of a hospital. It is the collection of this data that enables home health agencies to reduce re-hospitalizations. Vital sign data is a critical component of the patient's record, and studies have shown that collection of this data can reduce health care costs, improve care and improve patient accountability.

The fact that the devices are in the patients home providing pertinent data speak to the importance of device standards being established to support the data accuracy and integrity.

Summary

The speed of technological advancement will increase the potential and the demand for more remote health care in the home. Home health care will continue to evolve as a sophisticated component of the health care delivery system, and provide the opportunity to extend the line of care beyond the providers completing the continuum of care. I respectfully ask that the committee include device standards for technology used in the home to coordinate the care and insure data accuracy and integrity.